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ORIGINAL DEPARTMENT.

Communications.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

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History.

There is much consoling in the thought that, in most of the diseases and accidents incident to the body, the sufferers are not debarred the society, sympathy, and entertainment of friends. Such considerations greatly mitigate and sustain, under the severest physical distress. But there is one accident liable to occur in the female—and that, too, in the exercise of the highest function of her nature—which dooms her to isolation and seclusion, renders her presence intolerable to friends, and compels her to exist in an atmosphere repugnant in the highest degree to her own sense.

Until a very recent period, the unfortunate victim of vesico-vaginal fistula was obliged to confront her situation under the conviction that her case was absolutely hopeless, and has, in some instances, sought refuge from the mental suffering by self-destruction. One of the grandest triumphs of American surgery—for it is all her own—has been to step in and lead such forth into the light of day, and restore them to the bliss of family and social life.

Antecedent to the discovery of the forceps, such accidents must have been of very frequent occurrence, although comparatively little is said in medical or surgical works on the subject, as such, were, by common consent, regarded to be beyond the resources of obstetric surgery.

HIPPOCRATES speaks of a discharge of urine through the vagina sometimes following difficult labors, with some unimportant remarks in regard to cleanliness; no hint is anywhere thrown out, leading to an inference that such cases ad-

mitted of cure. Without disturbing the repose of ancient medical record, it may not prove uninteresting to interrogate a few comparatively modern authorities.

MAURICEAU, in his work, published in 1712, lays down the following aphorism: "*L'issuë involontaire de l'urine causée par une fistule qui s'est femme, est ordinairement incurable si elle dure plus si trois mois.*" No operation does he propose, but only looks for a cure, when it does occur, as a purely natural or spontaneous result.

HOFFMAN, in 1724, describes the accident, and refers it to the proper cause: "*Quando enim fibræ sub diuturnioribus partus laboribus ad infantis capiti, ad os pubis compressæ diu manet fieri deinde solet ut inflammantur, atque in abscessum abeant, aliquot denum a partu diebus consummandum; unde fluxus, et stillicidium urinæ per vaginam tertio denum, vel quarto die contingit.*" It is quite evident, too, the art of the Genevan embraced no means of repairing the accident.

ASTRUC, physician to the King of France in 1776, has no notice whatever of the affection in his work.

SMELLIE, in his publication of 1776, although he describes an operation for this form of fistula, had evidently never performed one himself or even witnessed it performed, as he adds, "*I wish the operation may not be found impracticable.*"

DENMAN alludes to ulceration and sloughing of the vagina after difficult labor, but suggests no remedy.

BURNS, in his work on midwifery, edited in 1820, by JAMES, describes the lesion, and advises a catheter to be worn for some time, under the conviction nothing else could be done.

CONQUEST, in his *Outlines of Midwifery*, published in London in 1820, insists on the propriety of attempting a cure by an operation, but does not designate any particular method, nor does he intimate a knowledge of any cures having been effected.

JAMES, in his *System of Midwifery*, of 1813, not only takes notice of this form of fistula, but advises the employment of an elastic catheter, and adds, *perhaps* it may heal. The same author also speaks of the use of caustic when the open-

ing is small, and freshening the edges when it is large, conjoined with the use of the catheter.

ASHWELL, quite a prominent practitioner and writer in London, in 1828, has no allusion to the subject whatever.

WILLIAM CAMPBELL, of Edinburgh, in 1833, appears to have given unusual attention to the subject. The opening is clearly described, and its most common location, near the neck of the bladder. In his experience, the catheter and recumbent position perseveringly employed has, when pronounced by others utterly hopeless, permanently *relieved* cases: the phraseology, it will be perceived, will not allow the conclusion that such were cured.

GOOCH, in 1831, alludes to a case having got well by a gum-elastic bottle, with a sponge attached, being pressed into the vagina and kept opposite the opening. This solitary case of reported cure is treated as a very unusual and extraordinary event.

The cases reported as cured by LALLEMANDE, PHILLIPS of Rheims, and VIDAL, in 1834, VELPEAU most positively asserts were not cures.

BLUNDELL, in his work published in 1834, disposes of the subject in a most summary manner by stating, a slough of the vagina may lay open the bladder.

RAMSBOTHAM, writing as late as 1841, does not treat of the subject.

DAVIS, in 1841, describes the manner in which such an opening is made, with the additional statement, "it is almost a universal fact, that they never do heal."

DEWEES, in his work on midwifery, makes no mention of it.

CHURCHILL, in 1844, speaks of all such openings as being perfectly hopeless.

SIMPSON, in his work published in 1865 and '66, when describing the result of long-continued pressure by the foetal head against the vesicovaginal septum, speaks of the slough separating and leaving an *incurable* fistula.

REYBARD, in 1856, published a paper on the palliative treatment of this form of fistula, believing the affection incapable of cure.

Let us now interrogate a few of the eminent surgeons abroad and at home, and ascertain with what voice they testify on this subject.

AMBROSE PARÉ's great work bears date 1582, and while the subject of fistula in general is discussed, this form is not even mentioned.

HEISTER mentions it as incurable.

SAMUEL COOPER, in his Surgical Dictionary, speaks of different kinds of fistula, but does not in any way allude to the one under considera-

tion. In 1808, in the 1st volume of his *Surgery* some methods of operation for the cure of such fistulae are described, but he evidently doubts their practicability.

Mr. LISTON asserts that an operation only makes the patient worse, by converting a small into a large opening, and adds, "There is little hope in a case of any size." To the same conclusion tend the testimony of Mr. EARLE and Mr. LAWRENCE, both of whom state a successful operation impracticable.

CHELIUS says the prognosis is always very unfavorable.

MILLER believes a favorable result by any means improbable.

VELPEAU asserts of all the cases reported as cured, there were few free from doubt.

PIRRIE has not a word upon the subject. The subject is not introduced by name into the works of DORSEY or GIBSON.

DESAULT, in his *Treatise on the Urinary Organs*, confines himself simply to the palliative treatment.

DUPUYTREN only hoped, by cauterization, to effect something.

Mr. EARLE, after thirty operations, succeeded in curing one case; no wonder he pronounced the operation the most difficult or unsatisfactory one in surgery.

NÉLATON, as late as 1854, talked of autoplasmic processes and the cautery. These are but a few of the names which might be introduced.

In 1839, Dr. HAYWARD, of Boston, succeeded in curing a case by freshening the edges, and approximating them with a thread suture. In 1840, two additional cases were treated, with a similar result, and although twenty operations were performed in attaining these three cures, yet, in a prospective point of view, their value cannot be overestimated.

In 1847, Dr. PANCOAST, Professor of Anatomy in the Jefferson Medical College, reported two cases, cured by a tongue, and grooved incision, the wound being adjusted by his silk-thread plastic suture. In the same year, Dr. METTAUER, of Virginia, gave to the profession the history of a case successfully treated by vivifying the edges, and uniting the same with leaden threads. Such occasional cures doubtless tended to inspire a hope of the ultimate curability of this disgusting disease; but it was not, however, until about 1852, when Dr. I. MARION SIMS, then of Montgomery, Alabama, gave to the profession the fruit of his labor and observation, by which this operation was removed from the category of probabilities, and crowned with a success which com-

pared favorably with any of the established operations in surgery. For this he has placed the civilized world under a debt of gratitude.

Causes.

Among the causes inducing this lesion may be enumerated:

FIRST. The Pessary.—When this instrument is out of proportion, and fitting badly, or corroded, or encrusted with saline matters, it may induce ulceration of the vagino-vesical septum. Profs. BEIRARDS and LISFRANC each relate a case of the bladder and rectum both being opened by a pessary; one of the patients died of peritonitis (*Jour. Nouv. Hebd. de Med.*, t. 1, page 263.) A case of DUPUYTREN, in the Hotel Dieu, is recorded in the *Dict. des Sciences Med.*, t. vii., p. 47, of a young country woman, whose rectum, vagina, and bladder freely communicated in consequence of wearing a badly adapted instrument; both of these were produced by stem pessaries. A case of this kind is also cited by DESORMEAUX, a French physician. In most of them, doubtless, the ulceration was brought about by saline deposit on the exterior of the instrument, the angularities of which matter would very soon produce destruction of tissue. Other cases might be introduced in illustration of the same point. In earlier times it is probable such accidents were common, when a great variety of extraordinary materials were employed, not only for mechanical support, but as means of introducing remedial agents into the organs of generation; at present, improvements in the form and substance of mechanical supports will not be likely to furnish us a case illustrative of the condition under consideration.

SECOND. Foreign substances in the bladder.—Under this head may be mentioned vesical-calculi, examples of which are by no means rare. FABRICUS HILDANUS relates an instance of this nature. Sir BENJAMIN BRODIE another, in which the stone made its way into the vagina by ulceration; and a third is given by Sir ASTLEY COOPER. Dr. DUNLAR, of Norristown, in this State, exhibited to me a calculus as large as a hen's egg, which he extracted from the vagina of a female, who had long suffered from the disease, and which had perforated the vesico-vaginal septum. A most interesting fact connected with this case, was the perfect restoration of the parts subsequently by granulation. A very singular case occurred in the East London Lying-in Institute, reported in the January number of the French *Lancet* for 1838, of a woman who, in consequence of a chronic retention of urine, had acquired sufficient dexterity to catheterize herself. From some cause,

being without the usual instrument, she extemporized the catheter with the stem of a clay tobacco pipe. On one occasion it was broken, a portion remaining in the bladder, and which, in time, not only passed into the vagina, but finally into the uterus, from which it was extracted.

THIRD. Carcinomatous and other forms of ulceration.—Almost every work treating of the diseases of the female genitalia, furnish examples of malignant growths, involving the uterus, and gradually invading, by destructive ulceration, the vagina and rectum, until they become converted into a common cavity. Phægedenic chancre may produce a similar result. Two cases of this nature came under my own observation in the wards of the Philadelphia Hospital, rendering the poor, unfortunate outcasts, objects of the profoundest commiseration.

FOURTH. Wounds of the Vagino-vesical wall in the legitimate and illegitimate use of instruments. Under the first may be enumerated the careless employment of the obstetrical vectis or lever, bruising or lacerating the tissues by long-continued efforts to modify a foetal position, or the slipping of a perforator in cases of craniotomy. The forceps has come in for a large share of animadversion, but they have little agency in producing such an accident; their earlier and more frequent employment, particularly in educated hands, would have prevented many which have occurred. Under the second head may be adduced the violence committed by those ignorant scoundrels who flourish in every great city in their criminal attempts to procure abortion.

FIFTH. Pressure of the foetal head.—This, above all others, is the most common cause of vesico-vaginal fistula. It is probably not going too far to say 90 per cent. of such occurrences are due to the prolonged pressure of the foetal head. The testimony of almost all authors harmonizes in this particular. It was so regarded by MAURICEAU; yet singular enough, he was greatly opposed to the use of instruments, whereby a tedious labor might be brought to a close. This prejudice it is said was due to the failure of CHAMBERLAYNE to deliver a woman in Paris after a public boast. Not being aware of the existence of a deformed pelvis he had torn the vagina and uterus in several places in his ineffectual efforts to extract the child with the forceps of which he was the inventor. DENMAN attributed the lesion to long-continued compression of the soft parts. DAVIS expressly declares that it does not result from the use of instruments, but delayed labor. Dr. SIMPSON stops to fortify a similar opinion by stating "these abnormal openings, if produced

by instruments, should appear at once, while it is known they only occur several days after their use." SMELLIE, COLOMBAT, and CHURCHILL, all describe the fistula to protracted pressure during labor, and an opinion of similar import is entertained by Professors HODGE and MEIGS. Doctors SIMS and BOSEMAN, whose opportunities for acquiring accurate information on this subject have been extensive, testify to the same fact, and except in a single case my own observation accords with these gentlemen.

If the foregoing statements be correct, what is the *modus*—the manner in which the lesion takes place? The head in passing through the pelvic cavity presses the anterior wall of the vagina toward and against the posterior face of the pubic bones. If in consequence of failure of the uterine expulsive efforts, or a disproportion between the pelvis and the head, or a want of accord between the diameters of the two, the head long remains thus engaged, the vitality of the soft parts so compressed and bruised will be destroyed, either by the formation of a slough or by inflammation and ulceration. It is asserted by some that a fold of the vagina is caught and pressed against the pelvic bones until its death is insured; but it does not seem probable any such folds would exist when the canal is so greatly distended. The period when the opening occurs varies in different cases; in some as early as the fourth or fifth day, and in others the event may be prolonged—as in one which came under my own observation (case 4)—until the twenty-first day after confinement. When the parts are so injured as to induce ulcerative inflammation, a longer time is required to penetrate the vaginovesical wall than where they are killed outright, and drop out as a slough.

[To be continued.]

A Case of Lithopædion

Is given on the authority of Dr. WAGNER, in the *Archiv. fuer Heilkunde*. A woman, aged 68, died suddenly. She had borne five children at twenty-four, and believed herself again pregnant, when she fell sick of typhus. During this illness the movements of the child ceased. Notwithstanding that the child had been retained twenty-nine years in the abdomen, it was entire, although much contracted. It weighed $3\frac{1}{2}$ lbs., and was the size of a child's head. The soft parts were much dried; some bones showed strong calcification; the scalp and one ear had grown to the membranes. Whether the extra-uterine gestation were primary or secondary, Dr. W. does not decide. The woman had rejected an offer of *cæsarean* section twenty-nine years before.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

Under the impression that there is a class of maladies which are being treated with but a partial success, mainly because the *mechanical* elements of their pathology are not clearly discerned, I submit a few suggestions upon the subject, in the hope that more luminous pens may thereby be provoked to fully elaborate what I shall here but rudely sketch, and so supply the desideratum which the domains of medicine and surgery have as yet failed to fully develop; and as a key-note to the subject, I submit the subjoined suggestive propositions.

I. That inasmuch as the human body is purely mechanical in the formation and arrangement of all its corporeal parts, from the grossest organs to the finest atoms, it follows that any variation from the primitive arrangement of any one of these must involve corresponding morbid manifestations, (both mechanical and vital,) not only in the parts immediately concerned, but also in those which are associated with them either by juxtaposition, continuity, or function.

II. That the *viscera* are as much under the law of a specific orbit of being and bearing as the bones are, and that any departure from which will constitute a practical *dislocation*, which may involve corresponding functional derangements by cancelling the primary policy between these organs and their vital forces.

III. That this normal status of these weighty, lengthy, mobile, fragile, and irritable viscera consists mainly in their being maintained in the *ascendant* by their surrounding elastic abdominal walls, in opposition to a state of consecutive dependency from their ligamentous attachments.

IV. That in proportion as the body is erect, and the abdominal and dorsal tissues are energetic, will this primary ascendant position be steadily maintained. The support, in the premises, commencing at the lowest intestine, and carried up by each successive superior viscus to the apex of the pile; each lower supported organ becoming the successive and aggressive support of its next superior neighbor.

V. That in proportion as, from *any cause*, these supporting tissues relax, there must ensue a corresponding change in the visceral status; they must lose their altitude, compactness, and support, and assume a looser, dangling, elongated, and mobile condition. In other words, a lineal

dislocation is induced, involving a train of both physical and functional derangements, such as a solid common sense might clearly foretell. To the unenlightened mind, a mere glance at the annexed Figs. 1 and 2, will render a further elaboration of these propositions superfluous.

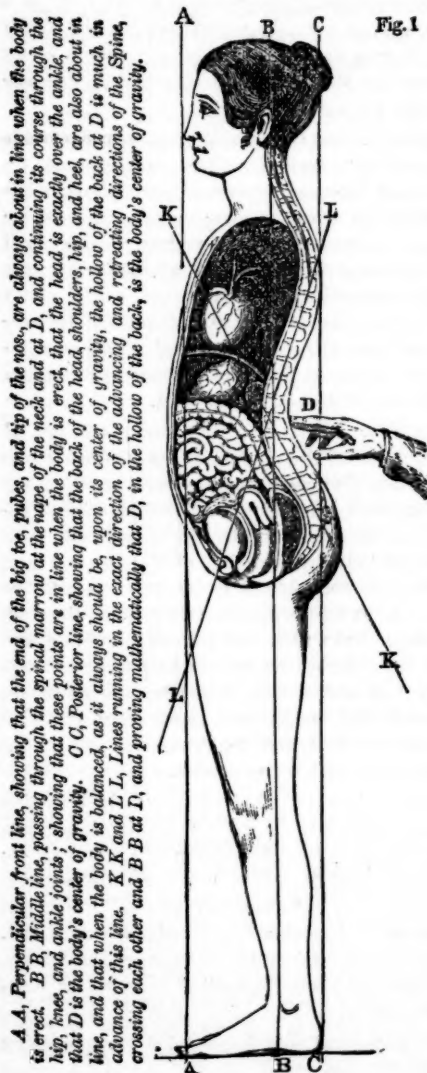


Fig. 1

Of the Effects of Visceral Dislocation upon the Inferior Extremities.

Our premises being admitted, a careful examination of the annexed Fig. 2 (which represents the abnormal state) will drive us to the truth on this subject. For it shows that each undue descent of the viscera must crowd correspondingly upon the pelvic organs, and that they, in their

turn, may be coerced to compress more or less all the circulating channels in the pelvis.

First, the pelvic nerves are liable to become either dragged or actually compressed. This may result in various degrees of physical pain and loss of nerve function from that of simple fidget-

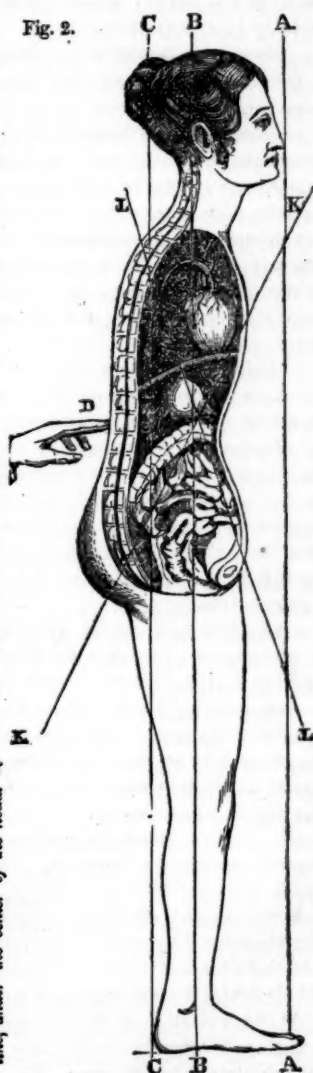


Fig. 2.

This figure shows that the end of the big toe and the tip of the nose are always in line; even when the hollow of the back has receded from the axial or middle line, quite beyond the posterior line and behind the shoulders; that drooping and round shoulders are produced by an antecedent retreating motion at the small of the back, (for, it must be plain, that if such were not the fact, the perpendicular lines, in both the erect and drooping figures, would not touch the head and feet at precisely the same points,) and, that therefore, no style of artificial support, designed for straightening the human form, can ever accomplish its object, unless it be so constructed as to push forward the receded point, in the hollow of the back at D, and bring it again in contact with the axial line, under the center of the head.

ings, prickling pains, cramps and numbness in the limbs, down to total paralysis and insensibility; thereby indicating why it is that these symptoms so frequently resist the most heroic treatment for an affection of the spinal cord by strychnia, moxa, and the cauter. Next, the arteries, veins, and lymphatics are also liable to impingement from the same cause, involving an

impeded vigor and freedom of all the corresponding circulations through the pelvis. This would rationally account for the frequent cases of feebleness, shriveled appearance of the skin, coldness of the feet at midsummer, varicose veins, and an habitual edematous condition of the limbs, all of which are so usually aggravated on standing, and relieved by recumbency.

Therapeutic Indications in the Premises.

On this point scarcely can there be room for question. We have seen that the muscular and ligamentous tissues have failed to maintain the ascendant juxtaposition of the viscera in opposition to the gravity of the same. That they are actually *dislocated*, and, as in other dislocations, are injuriously *pressing* upon some parts and *tracting* others; and also that *physical force* is as requisite in restoring the normal situ of the *viscera* as in restoring that of dislocated bones. But to the facts:

Case I. Consulted me for the following symptoms, as described by herself, viz.: "Sense of goneness at the pit of the stomach, with a feeling of *hanging* and separation between the midriff and the bowels;" "dead weight and bearing down at the bottom of the abdomen, with a jolting sensation on making a slight misstep;" "one foot and leg weak and cold, and couldn't keep up with the other, and was always tripping, even on the carpet."

Finding the region of the epigastrium and hypocondria to be much retracted and narrow, and the iliac regions to be very tumid and pendulous, causing an indenture at the linea alba, giving the lower abdomen the appearance of two hemispheres, and being unable to discover any primary functional derangement at any point, I diagnosed the case to be one of visceral pressure upon the entire pelvic circulations, and accordingly prescribed an abdominal support. This advice was declined with something of kin to *scorn*, and the lady was treated elsewhere with the most orthodox vigor for the space of two years for a primary affection of medulla spinalis, by means of blisters, rubefacients, caustic issues, the moxa, &c.

At the expiration of this treatment (two years) I was again consulted in the case under the following circumstances, viz.: The former unnatural appearance of the abdominal proportions, as to size and shape, still continued. The affected leg and foot were now most enormously swollen, and totally paralytic and insensible. Its coldness was like that of marble. In addition to this her eyes had recently become strabismic, and her neck could not sustain the head erect.

The patient now gave her reasons for thinking

that my first view of her case was correct, and desired me to do what I could on that basis. Accordingly, as a "forlorn hope," I improvised a *support* which to some extent elevated the depressed viscera, and with most remarkable results, viz.: Within a few minutes from its application sensibility returned to the foot; in a few minutes more she raised the dead limb from the floor by its own proper power; and in about a fortnight she traversed her room, and was able to erect her head.

Case II. was the sequela of a most deplorable case of milk leg of about ten years standing.

Her abdomen was extremely pendulous; veins in right leg were varicose; on the inside, above the ankle, was a large, deep ulcer, of a fiery red appearance, with very thick and hard edges; the skin surrounding, for some inches, was of a very dark color (black even.) On account of the irritation from this ulcer amputation had been insisted upon. At this time the patient locomoted with the greatest labor and pain.

This case I diagnosed to be one of mechanical obstruction of the venous and lymphatic circulation, through a depressed state of the abdominal viscera, and consequently ordered an efficient abdominal support, with the following results, viz.: The general relief was immediate; the power of locomotion soon began to improve, and, to the amazement of the family and friends, the fiery redness of the ulcer commenced to subside, and the dark color of the surrounding skin to disappear. In about three weeks the ulcer had entirely healed, and in three months from that time she was perfectly well, and able to make a laborious daily visit to the market.

Case III. was aged about sixty. After writing pretty constantly for many years, in sitting posture, began to lose the freedom of his limbs. He became timid in stepping, "never feeling sure that his foot was securely placed." His feet swelled much, and suffered intolerably with cold, whilst at his desk, both in summer and winter, for which he was compelled to wear fur boots constantly.

The case had been diagnosed to be approaching paralysis and dropsy.

On taking a view of his whole contour, I noticed an undue fullness and heaviness at the hypogastrium, together with a drooped condition of his trunk generally. As this gentleman had failed of relief from several treatments, and not knowing what else I could rationally do, I ordered an efficient abdominal supporter, under the hypothesis there might be operating an obstructing

visceral compression upon the pelvic circulation, and the result sustained the hypothesis.

On the day of the application the subject reported his feet to have been warmer, and that he walked home with a freedom from fear of stumbling, which was strange to him. In a few days more he spoke of relief in every respect in most extravagant terms, and stated that he "had laid aside his heavy fur shoes" which he had been compelled to wear during both winter and summer for years past.

Case IV. A very corpulent, lady, aged about sixty, of one of the most wealthy families of this city, consulted me for a perpetual and unmitigated pain in one knee. This pain had tortured her for a long time, and never had shown any signs of succumbing under the most vigorous treatment from the first physicians of the city. She was in the enjoyment of the best of health in all other respects, and no real organic or functional derangement at any other point was discoverable. I was forced to hope the pain resulted from pressure upon some of the femoral nerves in their passage through the pelvis; and in that hope applied a strong abdominal support as a dernier resort. In a few weeks I had the satisfaction of learning that from the day of the application relief commenced, and that in a few days it became complete. Some two years afterward she informed me that the cure was perfect, except when she omitted the protective support.

From all this we conclude that whatever may have been the complications in these cases requiring corresponding medicinal remedies, certain it is that with them there also was a *mechanical element* in their pathology which imperiously demanded corresponding *mechanical* therapeutics.

SCROFULA.

By W. W. MYERS, M.D.,

Of Pittsburg, Pa.

Mary B—, aged thirteen years. Visited my office December 7th, 1864, presenting the following appearances: Large blue eyes and blooming complexion; light and soft hair; fair, thin, and smooth skin, in which the blood vessels were distinctly apparent; the upper lip, columnæ nasi, and lower part of nostril more tumid than natural; fulness and turgescence of the veins, with a narrow chest and prominent shoulders; the absorbent glands of the neck were swollen, and tender to pressure, and possessed a higher temperature than the healthy parts in the vicinity; they gradually became marked by a soft swelling; the covering of the glands was slightly thick-

ened, and its substance more porous and doughy. The swelling increased and the doughy feel changed by degrees into that of elasticity or fluctuation, and a firm, circumscribed, hardened margin could be felt around the base of the tumor. There existed irritation in those external parts in which the albuminous part of the blood predominates, and also in the mucous tissue, which I look upon as the natural prime mover of the sympathies in which the nervous matter is found under a pulpy form, mixed with the sanguineous capillary vessels, which contain this albuminous exudation. The pain which was developed in this part performed the office of an excitant, and seemed to invite back the vital phenomena which acted injuriously to the patient; for in this disease I am led to believe that the mouths of the lymphatics are in a state of increased activity, while the vessels themselves are in a state of atony. The softened state of the parts was attributed to an increased exaltation of their irritability and contractility. This being an irritation of the mucous tissue exclusively, it presented forms and degrees much more multiplied than that of the serous; because the former as the continual incitants of the sympathies possess a sensibility and irritability more varied and intense than the latter, which in health have neither sensibility or sympathy.

Scrofulous glands were formerly supposed to be obstructed and impervious to the fluids which are naturally transmitted through them, but we know full well that sensibility as well as contractility are of no other use than to eliminate the newly-formed fluids, in order to conduct them externally, if useless, or to deposit them on the mucous surfaces, if intended to concur in a particular function. Is not this the action pursued in the deposit of tubercles upon the mucous surfaces? I regard this disease as one of the fluids, and believe it to be directly produced in the glands of the mesentery, by the irritation of an ill-assimilated chyle, but I do not allow my belief to carry me so far as to regard it of a contagious nature.

In the treatment, my patient possessing everything in her favor, youth, etc., etc., I well knew that the scrofulous habit, if not inveterate, could be overcome by a dry, warm, well-lighted atmosphere; in other words, by those conditions of this fluid opposite to those which produce the disease. Consequently, *change of air* was recommended. The patient was placed upon the ext. juglandis, of which five grains were taken four times daily. This treatment was persevered in, and had the desired effect. Upon May 23d, all traces of en-

largement of the absorbent glands had disappeared, and the patient was discharged.

Stimulants were not administered, for the reason that they do not overcome the scrofulous diathesis, except by exciting the depurating organs, *that is by revulsion*. If they do not effect this, they exasperate it.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
March 31st, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Case of Club-Foot.

George B—, aged two and a half years. He has the variety of club-foot which is known as *varus*, affecting both feet. The feet are not only turned inward and forward in a very marked degree, but there is also a retraction of the heels and a prominence on the outer portion of the insteps on which the child walks. This projection is formed by an enlargement of the burse naturally situated there, the result of the pressure exerted upon it in supporting the weight of the body. The same effect from habitual pressure is seen upon the knees of the housemaid and the devotee, and upon the shoulder of the soldier who has long carried the musket. And in what is called a corn or bunion there is frequently a synovial pouch or an attempt at the formation of a structure of this kind. The heel is a little shortened as well as retracted. It is a matter of doubt whether there is any shortening of the gastrocnemius and soleus muscles, but it is probable that the contraction exists in the tendo Achillis. The foot is turned in, and owing to the contraction of the anterior tibial muscle, the tendon of which is also shortened, it is held so firmly in the inward position that it is impossible to bring it in a straight line with the limb. When the child stands up the weight of the body is sustained by the burse on the outer side of the instep, and the inner margin of the foot is turned up. The limb is contorted or twisted, and in consequence of the difficulty of progression there is coldness of the part and wasting of the muscles.

There is but one remedy for this affection, and that consists in the division of the offending muscles. In this case the tendo Achillis and the tendon of the anterior tibial muscle require to be divided. The tendo Achillis is to be severed about an inch above its attachment to the calcaneum. The operation is performed subcutaneously with a very delicate knife, which is introduced flatwise, and pushed on until the point can be perceived by the finger upon the opposite side of the tendon. Then the division is effected by cutting from before backward, the tendon being rendered as tense as possible by grasping the foot and bending it so as to bring down the heel. The operation is usually a bloodless one. Sometimes a vein which runs beside the tendon is divided, causing the loss of a little

blood. The posterior tibial artery has been wounded in the hands of very able surgeons.

The child having been placed under the influence of chloroform, division of the tendo Achillis was readily effected. As a previous operation had been performed, the lymph then effused had caused an adhesion of the tendon to the surrounding structures, and rendered it more difficult than usual to bring down the heel. The tendon of the anterior tibial muscle was next divided, and the foot brought into its natural straight position. The operation having been repeated upon the other foot, the apparatus (a modification of the shoe invented by the celebrated Italian surgeon, SCARPA) constructed for the child by Mr. KOLBE was applied and adjusted by that gentleman.

The after treatment is of paramount importance. Unless it be properly attended to the operation will fail, no matter how skilfully it may have been performed. Although in the majority of instances it is better to apply the apparatus immediately after the division of the tendons; it should not be tightened too much at first, for fear of provoking inflammation. The heel should gradually be brought down in contact with the back part of the sole of the shoe, in order to elongate the tendo Achillis, the gap in which is filled by a substance analogous to the original structure, formed from the plastic matter furnished by the part. The only case in which any ill effects followed this operation, under the observation of Prof. Gross, was one where erysipelas supervened in consequence of the improper management of the after treatment. No serious harm resulted, however, and the instance is a solitary one.

Case of Tuberculosis of Knee-Joint.

James K—, aged two years and three months. The left knee has been affected for nine months. There has been a discharge taking place for six weeks, since Prof. PANCOAST made an opening and evacuated several ounces of genuine pus.

There is present a great deal of swelling and heat of the joint. The skin has a glossy appearance, is tense and does not pit anywhere; the subcutaneous veins are enlarged, and there is, upon pressure, a slight degree of elasticity observed in the part. He has severe pain at night, and twitching of the limb, caused by the irritation or inflammation of the muscles in the vicinity of the morbid action. The swelling extends some distance up the thigh. The leg is cold and the muscles are soft, flabby, and attenuated. The child looks pretty well in the face, and has quite a good appetite. His sleep is much disturbed, and he has fever and copious sweats at night. His cheeks are flushed in the afternoon. For the last week he has suffered from diarrhoea, which he has had at times from the beginning of the disease. The parents are said to be both healthy, excepting, perhaps, the mother, who is troubled by some throat affection.

This case is one belonging to the scrofulous, strumous, or tuberculous form of disease. Sir BENJAMIN BRODIE described an affection of this joint many years ago under the name of fungoid degeneration of the knee-joint, which is nothing but a scrofulous inflammation, involving the sy-

novial membrane, articular cartilages, and articular extremities of the bones. The vast amount of lymph which is poured out upon the surface of the synovial membrane where it becomes organized causes the diseased part to assume that peculiar appearance which induced Sir BENJAMIN BRODIE to designate it by the term he employed. The disease as it progresses is very apt to extend itself to the surrounding structures, implicating the ligaments, cellular and adipose tissue, and ultimately the skin; matter forms in the interior of the joint or exterior to the ligaments in the synovial membrane, which, if it is not evacuated, causes great destruction of the part.

There are several indications to be fulfilled. So far as the joint is concerned an application of dilute tincture of iodine will be of value. The part will be painted with a solution of the strength of five drachms of alcohol to three of tincture of iodine, twice in the twenty-four hours. Making an allowance for the delicacy of the skin of a child, this will be the proper dilution of the tincture. After it has dried by evaporation and absorption, let the skin be covered by a solution of acetate of lead, one ounce to half a gallon of water. Opium should not be added, as pernicious effects sometimes follow its absorption when applied endermically to children. The limb must be kept in an easy position and at rest. As the child has diarrhoea, and probably defective action on the part of the liver, a powder, consisting of one-half grain of calomel, one-eighth of a grain of opium, and three grains of prepared chalk, will be given him three or four times in the twenty-four hours. Also, one-half of a grain of quinine in solution every twelve hours. He should have milk punch or whisky and water, and a nutritious diet, consisting of beef essence, chicken, lamb, or mutton broth, bread and milk, a little tea, but no meat. He should avoid the vegetables as much as possible, excepting rice, hominy or grits, and sweet potatoes, which are better in diarrhoea than white or Irish potatoes. If the amount of opium in the powder ordered be not sufficient to relieve his pain let him take night and morning three drops of laudanum with the quinine. It will not do to give anything specifically for the night sweats. The objects of treatment are to rectify the condition of the digestive apparatus, relieve pain, and keep up the strength of the patient.

Women and Lightning.

A studious gentleman in Paris, named BORDIN, has lately occupied himself with statistics of persons killed by lightning, and he declares that ladies should no longer be afraid of the electric fluid, as, in comparison with men, they only suffer from it in the rate of twenty-eight to one hundred. One might be inclined to attribute this difference in mortality to a certain habit of going into cellars, but M. BORDIN assures us that lightning exhibits a marked predilection for the male sex, and where a man and woman are walking together, the man is invariably the sufferer. It is to be hoped that Professor BORDIN will some day give an explanation of this remarkable phenomenon, and, if his gallantry will permit, make known how the partiality may be corrected.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Subject for Discussion:—Puerperal Fever.

(Continued from page 508.)

Dr. CONDIE said that in opening the debate upon the paper of Dr. HAMILTON, it was not merely to startle his medical friends, or to attract their attention to the remarks he was about to make, that he began by denying the existence of any puerperal fever in the sense in which the term has, heretofore, been generally employed by medical writers on the diseases of females, but from a full conviction that there is in fact no such fever. The employment of the term puerperal fever, to indicate a febrile disease, peculiar to the child-bed female, and deriving its specific character from the condition subsequent to parturition, has been, confessedly, the source of much confusion in the account given by different writers of the pathological conditions of the puerperal state, and of no little error and uncertainty in regard to their pathological management. Women in child-bed are liable to be attacked with metritis, ovaritis, peritonitis, and phlebitis. When either of these diseases is of an acute character, especially if attended with decided febrile reaction, it has been described as puerperal fever. Hence are to be accounted for the discrepancies in the histories given to us by different observers of the symptoms, course, and post-mortem lesions of the so-called puerperal fever, as seen by them respectively. Hence the very great diversity in the results of treatment experienced by different practitioners: the prompt and permanent relief derived from direct depletion in the hands of one, and its entire failure in the hands of another. These opposite results of treatment would not, it is very apparent, occur in so striking a degree were the term puerperal fever confined solely to the several simple acute inflammatory disease liable to occur soon after child-birth; but there is another febrile affection which may occur at that period, in the course of which local inflammation may be set up, but altogether secondary to a general morbid condition of the organism dependent upon a diseased state of the blood. This affection has also been called puerperal fever; it cannot, however, be controlled by the same course of treatment which is proper in the case of the simple acute inflammations met with during the puerperal period.

The form of disease to which I have just referred, generally sets in upon the first, second, or

third days subsequent to delivery; very seldom as late as the fifth. After a chill, usually slight and of short duration, there ensues a decided reaction, with intensely hot and dry skin, and a very frequent, small and soft pulse. There now ensues tenderness or pain at the lower part of the abdomen, with tumefaction. The local symptoms vary in prominence and intensity in different cases. I have known them occasionally to be very slight, but never entirely absent. There is seldom any delirium. The countenance has no decided redness, but a pinched appearance, with often an indescribable expression of anxiety. There is a suppression of the lochia, as well as of the secretion of milk. The bowels are for the most part costive, and the urine scanty and usually high colored. The respiration is quick, hurried, panting, and, in cases of extreme tumefaction of the abdomen, it becomes very much oppressed. The course of the disease is generally rapid; in some cases, death taking place within twenty-six hours from the commencement of the attack; in other cases, however, the disease runs on until the fifth, seventh, or even to the ninth day. The prognosis is always unfavorable. In the cases which recover, there is always a slow protracted convalescence. In post-mortem examinations a series of lesions are discovered, besides those dependent upon inflammation of the pelvic organs, and of the peritoneum. Among these stand prominent, a dark, grumous, diffuent, or, as it has been loosely denominated, dissolved state of the blood.

The history of the febrile affection we have thus described; its entire course, from its onset until its termination, shows very conclusively that it is dependent upon a blood-poison—either introduced from without, or generated within the system. Facts, the most striking and incontestible, prove that this *materies morbi* has a close affinity, if not an identity, with that which is present in the disease known as general or epidemic erysipelas. If we examine the accounts we have upon record of the several epidemics of erysipelas which have prevailed within the last fifty years, in different parts of Europe and of this country, we shall find it stated that during all such epidemics, without exception, puerperal fever prevailed also within their sphere. In some cases we are told that “many,” in others, “a large number,” and in others again, “all of the females in child-bed” were attacked by puerperal fever. We may further add, that the close relationship between the *materies morbi* productive of the form of puerperal fever we are discussing, and that productive of constitutional

erysipelas, is proved by the fact of the very general occurrence of the two maladies, simultaneously in the wards of all general hospitals.

I do not consider it strictly correct to say that puerperal fever ever prevails epidemically, with a due regard to the true meaning of the term. It usually prevails—of course I restrict the term to the form of disease last described—as a very circumscribed endemic, confined perchance to a small hamlet, village, or town; or to a particular section of a city, or to the lying-in wards of some one hospital. What is very peculiar to the disease is, its being occasionally exclusively, or with few exceptions, confined to the patients of a particular obstetrician or midwife, whilst of others in the immediate vicinity not a single patient suffers an attack. In a strict sense the disease is not contagious. It is, however, eminently infectious. A number of cases occurring either simultaneously or in quick succession in the same apartment or ward will create there an infected state of the atmosphere, which has been known to communicate the disease to all those who are subsequently submitted to its influence. In the great majority, perhaps, of instances, the propagation of the disease, both within the wards of an hospital and beyond them, is by a poison conveyed from patient to patient by the hands or person of the accoucheur. This fact is fully established by an *experimentum crucis* instituted at the General Hospital at Vienna. For a series of years puerperal fever had been productive of an alarming amount of mortality in the lying-in wards of this institution. Preventive measures were, a few years since, adopted. These consisted in strictly enforcing upon all *internes* of the hospital, as a means of disinfection, a thorough cleansing of their hands with soap and water, followed by chloride of soda, immediately after attendance upon any case of labor, or engaging in any autopsy of a patient dying of puerperal fever or peritonitis, and preventing them from attending upon any subsequent case of confinement until after the lapse of several days. By these simple means the prevalence of puerperal fever in the lying-in wards of the hospital was reduced in a very striking degree.

It is to the form of disease upon which we have thus dwelt at some length, that we should feel inclined to confine the term puerperal fever when met with in the lying-in female. The appellation, it is true, is not strictly correct, inasmuch as the disease is not one confined exclusively to the puerperal female, nor even to the female sex. On consulting the histories of the epidemics of erysipelas, especially those which

have occurred since 1845, in our western and middle States, we shall find that in males as well as females; in the virgin, the non-pregnant, and non-parturient, equally with the pregnant and lying-in women, a disease is liable to develop itself, marked by essentially the same character of symptoms; and which correspond—saving only such as depend strictly upon the sex and condition of the patient—with those described as diagnostic of the so-called puerperal fever. The most prominent of the lesions detected after death, being in the males, peritonitis, and in child-bearing females, inflammation of the womb and its appendices, of the neighboring intestines, and, also of the peritoneum.

I have little to say in regard to the views advanced by Dr. HAMILTON upon the treatment of puerperal fever. Under this head his remarks were particularly cautious, and the indications for the employment or rejection of the therapeutical measures recommended by different authorities were, upon the whole, extremely judicious; so that there would be very little danger of any grave mistakes being made in carrying them out at the bedside of the patient.

I have seen many cases of simple acute peritonitis, metritis, and other inflammatory affections of the pelvic and abdominal viscera, occurring during the puerperal state, conducted to a favorable termination, under the free use of the lancet, cups, leeches, purgatives, blisters and warm fomentations, followed by opium, DOVER's powder, or the extract of hyosciamus, combined with nitre, mercury and antimony. In no instance, however, that has fallen under my notice, have I known any indication to be fulfilled by the employment of the lancet or any other depletory measure in that form of disease to which I would restrict the application of the term puerperal fever, if we must still retain it. On the contrary, in every case of this fever that I have met with, all such remedies were most positively contra-indicated. I do not, however, assert that no case of the disease can occur, in which, at the very onset of the attack, a moderate loss of blood from the arm, or by cups or leeches from the surface of the abdomen may not be found beneficial; all I wish to be understood as saying is, that in nearly fifty years' practice I have never met with such a case.

In the early stage of the disease I have generally found very decidedly good effects result from the administration of a purgative composed of an ounce of castor oil and a drachm of turpentine. When promptly returned from the stomach it may be given as an enema. Dry cups to the

lower part of the abdomen will generally give marked relief—they may be followed by stupor with turpentine or hot water, large soft poultices and the like applications. To the application of blisters I should strongly object: I have known their application to be followed by a very severe erysipelatous condition of the skin. Covering the abdomen with a cloth spread with camphorated mercurial ointment, has seemed in many cases to be decidedly beneficial.

The remedy from which I have derived the most unquestionable advantage in the fever under consideration is opium, given in large doses at short intervals—its effects being carefully watched in order to guard against an undue degree of narcotism. The same favorable testimony is borne to the effects of opium in this disease by other practitioners—some of whom had the most ample opportunity of testing its effects. In a series of cases occurring in the wards of the Philadelphia Hospital, under the care of Dr. R. K. SMITH, the course and results of which I had an opportunity of watching, opium was administered in what, *a priori*, I should have considered unwarrantably large doses. The number and promptness, however, of the recoveries in these cases were very striking, considering the very great fatality of the disease previously to the introduction of the opium treatment. Influenced by this observation, I have, from the period it was made—some years since—invariably resorted to the free exhibition of opium in the treatment of the cases of puerperal fever I have met with. These it is true, have been very few in number, but sufficient to show the great value of the remedy.

Dr. BURNS.—Mr. President: Such a disease as this, of such vast magnitude and importance, ought to call forth certainly all the experience we have had, and for the general well-being, each ought to cast in his mite. Differing from you, I have been for years much isolated from the assistance of my medical brethren, but I have seen a great deal of this disease, and without the aid and assistance that a dense population, and numerous members of the medical profession can render to each other, I have contended with it, and sought to inquire into its nature, and master its secrets. I have seen a peculiarity in puerperal fever that differed from metritis, in my estimation, or any ordinary inflammatory action of the abdominal or pelvic cavity. I have seen peritoneal inflammation and metritis; I have also seen, as I conceive, puerperal fever in this wise: in a short period after labor I have found an excessive chill, a sick stomach, suspension of

the lochial discharge, and impairment of intellectual functions, and fearful forebodings. The mind wanders, and there is extreme tenderness over the abdomen; hot skin, and a most excessive degree of heat of the interior, observed on making an examination *per vaginam*. I have found the heat so intense as to be uncomfortable to the touch. By degrees vomiting ensues, distention of the abdomen, great perspiration, the intellectual faculties gradually fail, and death closes the scene.

This I have designated in my mind as puerperal fever. A peculiar odor connected with it I have also observed. In many instances I have made post-mortem examinations, and found the whole interior of the abdomen glued together with effused lymph. Not much organic inflammation about the uterus, or softening, and the whole peritoneum in one or two instances covered over with a thick deposit of lymph.

In the beginning I bled, and did not hesitate to bleed even in cases of considerable depression; of course I was guided by the effect of this bleeding, the number of ounces being in proportion to the strength of the patient, and her ability to bear it. I used calomel and opium, and kept my patients under their influence, so that they constantly felt the effects of the opiate, and employed terebinthinate applications externally, so as to produce external redness and irritation. Warm cataplasms to the abdomen I have found of great advantage, together with moderate frictions, particularly at the beginning. But I do to this day regret that I have not as vigorously pursued, for the past ten years, what I did before, namely, *bleeding*. I believe if I had, I should be somewhat more successful, though I do say I have lost but few cases of this disease, fatal as it is. I have attended cases with puerperal fever and of erysipelas at the same time. There has often been, in my neighborhood, puerperal fever contemporaneous with erysipelas. The course of treatment which I have pursued has been the only one which I conceive to be successful in this disease.

I regard it as a fever *sui generis*, and, in all probability, may have something of the stamp of the erysipelatos character. Adjourned.

— METRIC WEIGHTS AND MEASURES.—Efforts are made by the British Association for the Advancement of Science to introduce the metric system of weights and measures. We hope they will prove successful, as well as similar efforts in the United States.

VERMONT MEDICAL SOCIETY.

Reported by L. C. BUTLER, M. D., Secretary.

The semi-annual session of this society was held at Brattleboro' on the 13th and 14th of June. Dr. WM. McCOLLUM, of Woodstock, President, in the chair. The session was opened with prayer, by Rev. Dr. TYLER, of Brattleboro'. The proceedings of the annual meeting were read by the Secretary, Dr. L. C. BUTLER, of Essex.

On motion of Dr. C. P. FROST, the members of the Connecticut River Medical Association present, were invited to participate in the proceedings of this meeting.

The President, in a very appropriate and feeling manner, announced the decease of Drs. H. F. STEVENS, of St. Albans, and S. P. DANFORTH, of Royalton, members of this Society. Dr. H. D. HOLTON announced the death of Dr. JOHN CAMPBELL, of Putney, a practitioner of over fifty years standing.

On motion of Dr. WARNER, it was ordered that a committee of three be appointed to prepare and present resolutions, expressing the respect of the Society for our deceased brothers, and of sympathy with the afflicted relatives and friends; and also to recommend suitable persons to prepare biographical sketches of each, to be presented at the annual meeting.

Drs. E. D. Warner, J. Perkins, and H. D. Holton, were appointed such committee.

The committee on admission of members, to whom they were referred, reported the following individuals as proper persons to become members of this Society, and they were duly elected. Drs. J. P. Warren, F. J. Higginson, W. H. Rockwell, jr., S. W. Bowles, G. W. Horton, of Brattleboro'; W. H. Ellis, Townshend; F. N. Burdick, Guilford; J. B. Learned, Readsboro'; W. B. Moody, Brownington; Lewis Patch, Newport; O. E. Ross, Queechy; Geo. J. Crowley, Shrewsbury; C. A. Scott, Plymouth; M. P. Campbell, Rutland; David Allen, Putney; J. H. Stedman, West Brattleboro'; F. J. Swift, Anson L. Pettee, Wilmington; Orman Terry, Bethel; Charles Clark, Townshend; Geo. B. Haskins, E. B. Nims, Arlington.

Dr. C. P. FROST, of Brattleboro', presented an interesting pathological specimen of cancerous disease of the pyloric extremity of the stomach, extending to the lower portion of the œsophagus, and perforating the walls of the stomach, in the direction of the liver. Dr. Frost gave a brief history of the case.

Dysentery.

Dr. BULLARD, of St. Johnsbury, read a paper on *Dysentery*, as it occurred in Caledonia county,

giving a succinct account of its symptoms, progress, post-mortem appearances, pathology, and treatment. The paper was referred to the committee on publication.

Adjourned to 2, P. M.

2 o'clock, P. M. The Society again convened, Dr. C. L. ALLEN in the chair.

Dr. W. H. ROCKWELL, Superintendent of Vermont Asylum for the Insane, read a paper on the *Treatment of Insanity*, in connection with which he gave a history of the Vermont Asylum, which has been for so many years under his charge. The paper was referred to the committee on publication.

Following this was the discussion on Dr. BULLARD's paper. In reply to a question from Dr. CUSHMAN, Dr. BULLARD remarked that in all the cases examined after death in the stage of collapse, there was a highly inflamed condition of the colon and sigmoid flexure. In those that died in six to eight days, it did not extend above the sigmoid flexure, and was not in patches. The epidemic was confined to the Connecticut River valley.

Dr. CUSHMAN thought the phenomena noticed by Dr. Bullard were such as might arise in the outset of the disease from affection of the organic nerves, as shown by the symptoms of oppression which were so marked. In the commencement of the disease there was no inflammation of the colon; this latter was secondary. In his locality he had encountered epidemics of dysentery, with complications of various kinds; especially with typhoid and typhus fevers, similar to that mentioned by Dr. Bullard, and in one instance, in a region not subject to malarial influences, the cause of which was supposed to be the water.

Dr. RUSS had observed nausea, tenesmus, with the other symptoms in the cases which had occurred in his vicinity. They did not tolerate medicine well. He treated his cases generally with mercurials and tonics, the latter quite early.

Dr. FAIRCHILD had seen the disease in his locality, one not exposed to miasmatic influences. It was most severe in a single family. It was not the dysentery of former times. The stools were free, full, dark, and somewhat feculent, occurring every two or four hours. The pulse was feeble, and the system prostrated. He regarded it as a typhoid dysentery. In treating it he kept the patient well under the influence of calomel and opium, with starch injections, and lost but two cases.

Dr. GRAVES, of New Hampshire, mentioned several cases in his locality, which exhibited a

strong typhoid character. He relied upon calomel and opium, in small and frequently repeated doses, with brandy as a stimulant.

Dr. PERKINS was reminded of similar cases in his practice, about the same time with those of Dr. BULLARD. It began early in the season, and was characterized by frequent evacuations, severe tenesmus, with biliousness. The accession of the disease was gradual; there was listlessness, pulse quiet, with slight paroxysms of fever. In the month of September it assumed the appearance of jaundice, accompanied with a typhoid condition of the system. Its peculiarity consisted in the biliousness, and in the hemorrhage from the bowels, which latter symptom occurred in relapsed cases, and not earlier than the second or third week of the disease. Some died, some unexpectedly recovered, but convalescence was protracted, especially in the hemorrhagic cases.

The treatment employed was mercurial alterants, hyd. cum creta, with pulv. dov., and saline, or oil laxatives. In the cases of hemorrhage, found it important to control peristaltic action; did so by enemata. One remedy employed was muriatic acid, in six or eight drop doses, in some diluent or sugar, every four or six hours, and with the most gratifying effects. This remedy was suggested to him by its use in one of the London hospitals, and he employed it during the whole febrile course. One of its marked effects was that of a cholagogue. In the hemorrhagic cases he added the hydrochlorate of iron, alternated with opiates and quinine. The treatment was very successful.

Dr. STILES had noticed in the several cases, delirium occurring in paroxysms, a symptom that had not been mentioned. He had also noticed the hemorrhage from the bowels, especially under the relaxation of opiates. As a prophylactic against contagion he suggested that the evacuations should not be thrown into the privy, but buried. The disease may be transmitted in that way. His plan of treatment was the same as suggested by others. Dr. Stiles also alluded to the subject of *jaundice*, which was largely discussed at the annual meeting. He had not found success in the use of mercurials in its treatment, but had used co. tinct. cinchonæ, with saline cathartics. Wild cherry bark and cider was a popular remedy among the common people, and some cases were benefited by it.

Dr. H. D. HOLTON read the elaborate and valuable paper presented by him before the American Medical Association, and the Society unanimously returned him a vote of thanks therefor.

Adjourned to 8 o'clock, A. M., June 14.

THURSDAY, June 14, 8, A. M.

The Society convened, agreeably to adjournment, the President in the chair.

Scarlatina.

Dr. SPERRY presented a paper on *Scarlatina*, in which he detailed its symptoms as they came under his notice, and advocated the idea of its non-contagiousness, and the stimulant plan in its treatment. Referred to Committee of Publication. A brief discussion followed.

Dr. CUSHMAN questioned the position of Dr. SPERRY in regard to the contagiousness of the disease. In his experience he had found its epidemic form to be contagious, and thought the cooling regimen to be far preferable to the stimulant. In the typhoid condition it may be required.

Dr. SCOTT had treated scarlatina upon a similar plan with Dr. SPERRY, with success, and thought he avoided thereby the affections of the throat and head.

Dr. UPHAM detailed an interesting case occurring within his own observation, exhibiting one of the many curious freaks of nature;—the discharge of stercoraceous, oleaginous matter from the uterus during confinement, and the subsequent discovery of a tuft of hair embedded in the vagina, both of which specimens were exhibited to the Society.

Dr. FROST had seen the case repeatedly in consultation, regarded it as a case of ovarian tumor, the peculiarity of which was the point of the opening, it being through the uterus instead of the abdomen, the discharge taking that direction instead of the ordinary one. The opening was reached by introducing the finger within the os, and to the right side. Dr. FROST read a somewhat similar case recorded in the London *Lancet* in 1854. Dr. UPHAM's paper was referred.

Cholera.

Dr. BUTLER read a paper on the *Treatment of Cholera*—the salient point of which was, that prophylactic and hygienic measures were quite as important in its treatment as medication. Referred.

An interesting discussion followed the presentation of this paper, in which Drs. Warner, Stiles, Frost, Cushman, Emmons, Perkins, Hunt, and E. M. SNOW, of Providence, Rhode Island, participated.

Dr. WARNER referred to the feelings which he had when he first heard of the advent of cholera in the old world years ago, and they are now vivid in his recollection, as the scourge again threatened to visit our shores. He gave a suc-

cinct and graphic history of its progress at that time, and of the ten cases which occurred in his practice. In his opinion cholera would visit us. We should have it in Vermont. There was no preventative. The first case that came under his observation was that of a man advanced in life; no miasm surrounding him; not exposed in any way as he knew of; and he knew of no exciting cause for the disease. A general choleraic diathesis prevailed. In his opinion no quarantine or sanitary regulations would prevent its approach to our shores, or insure us against its attack.

Dr. CUSHMAN related several cases which occurred in his practice during a former epidemic of the disease. In the west half of his town there was diarrhoea, but no cholera. His first case was near the lake, and several others occurred in the vicinity. On the result of his observations he gave it as his opinion that the cholera virus was carried along in the air, making a narrow belt of choleraic atmosphere. He did not think it contagious. In the treatment he used calcined magnesia for the mitigation of the stomach symptoms, and next to opiates with some success.

Dr. EMMONS was residing near Quebec when the epidemic first appeared there, and saw one of the first cases that occurred. Nearly all the cases that came under his observation out of the city were among the *habitans* who went into Quebec for trading purposes, and returned carrying with them the virus that prostrated them, and among those who were indiscreet in their habits.

Dr. PERKINS related a well-marked case of the disease, in which he employed strychnia with opiates, with success.

Dr. E. M. SNOW, of Providence, R. I., being present, was introduced to the Society, and requested to communicate his views upon the subject under discussion.

In his peculiarly modest and sententious manner he gave a brief *resumé* of the symptoms of cholera, the measures necessary to be employed in its prevention, and of the treatment which he regarded as preferable to others. This latter was that proposed by Dr. HARTSHORNE, of Pennsylvania. Dr. SNOW's views upon the necessity of quarantine regulations, and upon the contagiousness of cholera, are well known to the medical reader, as also his views in regard to the paramount importance of proper sanitary measures to protect the community against the ravages of the scourge. Dr. SNOW called the attention of the Society to the similarity between the symptoms of cholera and those of poisoning by arsenic,

and suggested whether the antidotes for arsenical poisoning might not be employed with success in the treatment of cholera.

Adjourned to 1½, P. M.

1½, P. M. The Society met according to adjournment. President in the chair.

Dr. H. D. HOLTON introduced the subject of the manufacture and sale of patent medicines, so called by members of this Society, and stated that a firm, one of whose members belonged to the Vermont Medical Society, was engaged in such sale and manufacture, and was issuing hand-bills and circulars, recommending and extolling a remedy for the diphtheria. The subject gave rise to considerable discussion, and, on motion of Dr. HOLTON, a committee of one was ordered to be appointed to inquire into, and report the facts in the above case, at the next annual meeting. Dr. E. D. WARNER, of New Haven, was appointed such committee.

Dr. WARNER, from the Committee on Obituary Resolutions, made the following report, which was unanimously adopted:

"Whereas, It has pleased the Wise Disposer of all things to remove our brothers [Drs. H. F. STEVENS, of St. Albans; S. P. DANFORTH, of Royalton; and JOHN CAMPBELL, of Putney], from their spheres of benevolence and duty, it becomes us to bow with reverent submission to this inscrutable submission; and while we entertain and express profound sorrow at the event which has severed forever from us those whom we loved and esteemed, to tender our sympathies to those who, in this bereavement, experience a deeper sorrow and more enduring grief; therefore,

"Resolved, 1. That in this dispensation it is due to those for whom we mourn, and to us their associates, that we contemplate their virtues, that we study on the life page which they have left us, the self-reliance, the perseverance, the self-denial, and whatever of gentle bearing and Christian integrity made them what they were—skilful physicians, trusted and loved by their patrons, honorable companions, and councillors of their brethren, and co-laborers with them in their associated endeavors to elevate the standard of medicine, and extend the sphere of its utility. And that whilst we record their example, we will affectionately cherish their memories, and endeavor to imitate their virtues.

Resolved, 2. That we tender to the families of our deceased brothers, our most sincere sympathies, and earnestly desire that they may find alleviation of their deep sorrow in the remembrance of the virtues, and high rewards of those whom we shall meet no more on earth.

Resolved, 3. That the Secretary of the Society be instructed to transmit a copy of the foregoing resolutions to the families of the late deceased members of the Society, Drs. Stevens, Danforth, and Campbell.

The Committee further nominate to the duty of presenting a biographical memoir of Dr. Ste-

vens, Dr. O. F. Fassett, of St. Albans; of Dr. Danforth, Dr. Hiram Crandall, of Burlington; of Dr. Campbell, Dr. H. D. Holton, of Putney.

The distribution of the Second Volume of the Transactions of the Society to periodicals, societies, libraries, etc., was left discretionary with the Secretary.

Dr. HIGGINSON, in behalf of the profession in Brattleboro', tendered thanks to the Society for holding its session in this place, and for the entertainment, instruction, and profit they had received from the meetings.

Dr. WARNER responded on behalf of the Society, expressing thanks for the cordial manner in which the profession of Brattleboro' had greeted and entertained its members, and assured them that the pleasant scenes of this session would long be held in grateful remembrance.

Dr. HOLTON moved a vote of thanks to Dr. Snow, of Providence, R. I., for his attendance and remarks on this occasion. Passed, *nem. con.*

Dr. RICHMOND moved a vote of thanks to the several railroads for the courtesy of half-fare, and to the people of Brattleboro' for the use of their commodious Town Hall. Passed, *nem. con.*

Dr. RUSS moved that the Committee on Publication have discretionary power to publish or reject any papers which may be referred to them by the Society. Passed, *nem. con.*

Dr. PERKINS moved the appointment of a committee of three to take into consideration the following topics, and report at the annual meeting in October next, viz.: 1. The order of business of the Society. 2. The appointment of a committee of one from each county to act as censors in the admission of members. 3. To make the necessary arrangements for proper resolutions and obituary notices of deceased members of the Society. Passed, *nem. con.*

Drs. H. D. Holton, Bullard, and J. S. Richmond were appointed said committee.

During the session several physicians from Massachusetts and New York were introduced to the Society, and invited to participate in its proceedings.

The attendance was larger than at any previous semi-annual meeting. The sessions throughout were interesting and instructive. Upon invitation of Dr. Rockwell, Superintendent, the members of the Society visited the Vermont Asylum for the Insane, under his charge, and were highly gratified with the excellent facilities afforded herein for the treatment of that unfortunate class of humanity—the insane.

IOWA STATE MEDICAL SOCIETY.

At the annual meeting of the Iowa State Medical Society, convened in Davenport, May 9th, 1866, the following officers were unanimously elected for the ensuing year:

President—JOHN W. H. BAKER, M. D., Davenport.

Vice-President—JAMES C. LAY, M. D., Dubuque.

Secretary—W. F. PECK, M. D., Davenport.

Corresponding Secretary—A. M. CARPENTER, M. D., Keokuk.

Treasurer—M. D. COCHRAN, M. D., Iowa City.

Board of Censors.

William Watson, M. D., Dubuque; A. G. Field, M. D., Des Moines; James Gamble, M. D., Le Claire; J. Williamson, M. D., Ottumwa; J. M. Shaffer, M. D., Fairfield.

The following committees were appointed to report at the next regular meeting to be held in Davenport on the second Wednesday in May, 1867, at 10 o'clock, A. M.

Surgery—Dr. J. C. Hughes, Chairman, Keokuk; Dr. J. C. Blackburn, Ft. Madison; Dr. E. Whinnery, Ft. Madison.

Criminal Abortion—Dr. J. C. Stone, Chairman, Burlington; Dr. Benj. McClure, Dubuque; Dr. Laurence Miller, Bellevue.

Surgical Diseases of the Genital Organs—Dr. W. F. Peck, Chairman, Davenport; Dr. T. H. Cleaver, Keokuk; Dr. Geo. M. Staples, Dubuque.

Cholera, its Nature, Cause, and the best Means for its Prevention and Cure—Dr. Thomas J. Iles, Chairman, Davenport; Dr. G. S. Carhart, Mt. Vernon; Dr. Philip Harvey, Burlington.

Obstetrics—Dr. William Watson, Chairman, Dubuque; Dr. J. Williamson, Ottumwa; Dr. W. S. Marsh, Mt. Pleasant.

Phthisis—Dr. Geo. M. Staples, Chairman, Dubuque; Dr. M. B. Cochran, Iowa City; Dr. R. Sears, Brooklyn.

Cutaneous Diseases—Dr. James Irwin, Chairman, Davenport; Dr. E. B. Bills, Durant; Dr. Joseph McKee, Washington.

Phosphites and Hypophosphites—Drs. W. H. Rousseau, Chairman, Washington; Jesse Holmes, West Liberty; W. Bird, Mt. Pleasant.

Physical Exploration—Drs. J. J. Tomson, Chairman, Davenport; A. M. Carpenter, Keokuk; J. C. Lay, Dubuque.

Epileptic Convulsions—Drs. A. M. Carpenter, Chairman, Keokuk; Thomas J. Iles, Davenport; P. B. Clark, Inland.

Meteorology and Medical Topography—Drs. S. D. Richardson, Chairman, Davenport; C. C. Parry, Davenport; J. Williamson, Ottumwa.

Epidemics among Children—Drs. C. Hirshe, Chairman, Muscatine; Wm. Watson, Dubuque; J. Williamson, Ottumwa.

New Remedies—Drs. James Gamble, Chairman, Le Claire; James McCourtney, Davenport; Samuel Knox, Princeton.

Anæsthetics—Drs. A. F. Hudson, Chairman, Lyons; S. B. Thrall, Ottumwa; George W. Carter, Blue Grass.

Diseases of the Eye—Dr. L. French, Chairman, Davenport; Dr. H. T. Cleaver, Keokuk; Dr. W. A. Hosford, Davenport.

Biliary and other Calculi—Dr. W. Gutch, Chairman, Blakesburg; Dr. W. F. Peck, Davenport; Dr. J. C. Hughes, Keokuk.

Vaccination—Dr. E. Whinnery, Chairman, Ft. Madison; Dr. A. S. Field, Des Moines; Dr. W. Vogt, Iowa City.

Hypodermic Injections—Dr. A. S. Maxwell, Chairman, Davenport; Dr. Henry Mingos, Dubuque; Dr. Stephen M. Cobb, Muscatine.

Necrology—Dr. A. M. Carpenter, Chairman, Keokuk; Dr. J. M. Shaffer, Fairfield; Dr. J. Williamson, Ottumwa; Dr. J. C. Lay, Dubuque; Dr. A. G. Field, Des Moines; Dr. William Vogt, Iowa City; Dr. G. L. Carhart, Mt. Vernon.

Members of each Committee will please make early reports to the Chairman.

W. F. PECK, M. D. *Secretary*.

EDITORIAL DEPARTMENT.

Periscope.

Remarkable Case of Missed Labor.—Retention of a Fœtus in the Abdomen Forty-three Years.

Dr. R. W. WATKINS, of Toucester, reports in the *Brit. Med. Journal*, a remarkable case, of which we give the main points.

About forty years ago, the patient was in labor with her second child. Her first, born two years previously, had died of hydrocephalus a few years after birth. Labor being lingering, Dr. W's late father had been sent for, who remained with her during the night. On the following day she was left in charge of a midwife. The pains were lingering, but not very severe. On the third day, she felt something "drop down suddenly inside her; and the child, the movements of which she had constantly felt up to that time, at once became cold as stone." She was in great pain, but refused to allow any surgeon or physician to attend her, or have any operation performed. She gradually improved in health, although she was weak for a long time, and did not decrease in size for several years.

Dr. W. was called to see her in January, 1866, finding her much emaciated, with a hard bony tumor in lower part of abdomen, exactly resembling a fetal head. It could easily be moved from side to side, and on careful manipulation, it was thought that the back part of the thorax could be felt in close approximation to it. She was sinking from chronic renal disease, and requested that a *post mortem* examination should be made. The story was corroborated by some of her neighbors, and by the rector of the parish, who had heard from Dr. W's father a full report of the case. It was also stated that, at different times, three little bones, "like finger-bones," had come away from her; but they had not been preserved. On referring to old ledgers, the entry of attendance was found on October 8th, 1822. She died January 13th, 1866.

On post mortem examination, after making an incision through the abdominal parietes and opening the peritoneum, a hard white substance

was immediately observed, which proved to be the vertex or fetal skull; and on enlarging the opening, a perfect foetus was extracted without difficulty. It was covered with plastic lymph; the limbs flexed anteriorly on the body, and the head bent forward, in the manner usually depicted in plates of the gravid uterus. It was attached by the umbilical cord to a vascular tumor of about the size of half an orange, which appeared to be the atrophied placenta, and which was connected by ligamentous attachment to the peritoneal covering of the broad ligament near the left ovary. One portion of this vascular tumor appeared to be a mass of unorganized lymph, containing fluid. Neither the foetus nor the supposed placenta had any adhesions to the peritoneum, except the ligamentous attachment already mentioned. Uterus perfectly normal. No cicatrix nor any marks of injury on its surface. Ovaries pale, but quite natural in size and form. No adhesions of peritoneum, and no appearance of previous inflammatory action in the intestines. Kidneys diseased. Stomach and liver healthy, etc. etc.

The case is interesting as an instance of recovery from tubular gestation and probably rupture, and from the comparatively slight local and constitutional effects of a foreign body retained in the cavity of the peritoneum for more than forty-three years.

A Human Nuisance

Is described as follows by Dr. Furman, one of the Inspectors, in a report to the New York Board of Health:

John Kranchi, alias "Schweizer" (nickname), occupies part of three lots. One of them is situated on the southerly side of Fifty-fifth street nearly midway between the Sixth and Seventh avenues, and is in a condition detrimental to health and dangerous to life. A four hours' fruitless effort was made to find its owner. On this lot is located "Kranchi's" abode, which consists of a barrel and some filthy old carpets spread upon the bare rock. On these he sleeps, and during inclement weather protects his head and such parts of his person as the capacity of the barrel will accommodate from rain or snow. Adjoining his abode is a pile of old lumber sufficiently elevated from the rock to allow his dogs to crawl underneath for rest and protection. All this is surrounded by baskets, barrels, pans, and boxes containing decomposing bones, lobster shells, fish heads and tails, a dead cat and dog, and every conceivable kitchen refuse, swill, and garbage picked out of gutters and so-called ash and garbage boxes; all of which are stewed or cooked in their mixed state by said Kranchi in the open air amidst a shanty population; and when stewed or cooked, are eaten by said Kranchi and his numerous dogs. Evidence is not wanting to prove that he has eaten the dead rats and cats found on the public highways, and that he kills his own dogs for their meat as food, when no other nourishment is on hand. Captain Sloat and William J. Louden state that such and similar charges, as above enumerated, have been heretofore preferred on several occasions against said Kranchi by members of the Twenty-second Precinct Police force,

James MASTERSON, and many other citizens. Being, also, very filthy in his other habits. * * *

I charge said Kranchi with occupying premises and possessing habits detrimental to health and dangerous to the lives of those who come in contact with him.

Reviews and Book Notices.

Clinical Notes on Uterine Surgery, with Special Reference to the Management of the Sterile Condition. By J. MARION SIMS, A. B., M. D., late Surgeon to the Woman's Hospital, New York; Fellow of the New York Academy of Medicine; of the Royal Medical and Chirurgical Society, London; Knight of the Legion of Honour, &c., &c. New York: W. Wood & Co. 1866. 8vo. Pp. 401.

Dr. Sims' reputation at home and abroad, and the importance of his subject, warrant our noticing this volume at some length. Leaving his country in 1862, "on account of its political troubles," he dates his preface in London. The book is dedicated to Sir JOSEPH T. OLLIFFE, M. D., of Paris.

The subjects in connection with which Dr. SIMS has become most famous, post-partum fistulae and operations for their cure, are not touched at all in this work. A hope is expressed that its author may prepare shortly a fully illustrated monograph upon them.

Clinical Notes these chapters are called; not a treatise. With an "innate horror of writing" the author has avoided the effort to make a book. His style is direct and terse, free from all superfluities. In the introduction he answers as follows the question, "What are the conditions essential to conception?"

"1. It occurs only during menstrual life. 2. Menstruation should be such as to show a healthy state of the uterine cavity. 3. The os and cervix uteri should be such as to permit the free exit of the menstrual flow, and also to admit the ingress of the spermatozoa. 4. The cervix should be of proper form, shape, size, and density. 5. The uterus should be in a normal position, i. e., neither ante-verted nor retroverted to any great degree. 6. The vagina should be capable of receiving and of retaining the spermatie fluid. 7. Semen, with living spermatozoa, should be deposited in the vagina at the proper time. 8. The secretions of the cervix or vagina should not poison or kill the spermatozoa!"

A good practical exposition is given also in the Introduction, of the best methods of uterine examination, including an account of Dr. SIMS' lever speculum for lifting the perinæum, the patient being upon her knees or side.

Section I. is short, considering merely the du-

ration of "menstrual life." A case is given, vouched for by Dr. CURTIS, of Boston, in which a girl ten years and eight months old bore a well grown male child, the father of which was fifteen years of age. Also, one happening under the author's observation, where an old negro woman, fifty-eight or sixty, became a mother. Curious instances of "false quickening" are also narrated, in which women have supposed themselves to be pregnant about the time of change of life.

In the second section Dr. SIMS speaks favorably of *electricity* as an emmenagogue. *Menorrhagia* is treated of us as due to "granular erosion, engorgement of the cervix, fungoid granulations in the cervical canal, or in the uterine cavity, polyp of the os, cervix, or cavity; a fibroid tumor, intra-uterine or intra-mural; inversion of the uterus, hæmatocele, or malignant degeneration of some kind."

Cases are given to illustrate several of these and their treatment. In granular erosion *chromic acid* is with Dr. SIMS a favorite escharotic, more powerful than lunar caustic, and perfectly painless. He dissolves a drachm of the acid slowly in a drachm of distilled water, and dips into this a small pointed glass rod, to apply directly to the granulations.

How to make and use a sponge tent is very well shown by our author (p. 48.) The commercial tents he considers too large. The speculum should be used for the introduction and also for the withdrawal of the sponge. No tent should stay in more than six or eight hours; by that time it causes an unpleasant discharge of very bad odor. Sponge tents are necessary evils to be avoided when possible; but Dr. SIMS has found them even curative of fungoid granulations, and of menorrhagia produced by them.

Glycerin is asserted by our author to be an infallible disinfectant of the sponge tent or other uterine applications. He quotes DÉMARQUAY as the only author who has done justice to glycerin, seeming to be unacquainted with his countryman, Dr. HARTSHORNE's late and exhaustive monograph on that subject.

Uterine polypi, their diagnosis and removal, are well and fully discussed. The *écraseur* is preferred by Dr. SIMS to ligation. He adds the use of a *porte-chaine* for convenience. No woman, he says, should now die of polypus without an effort for its removal. No delicate operation is easier; none more successful. Deligation he considers dangerous. Dr. R. LEE is said to have lost nine of fifty-nine cases treated by it. The assertion of WEST and others that *fibroid growths* in connection with the uterus are very frequent, is con-

firmed by Dr. SIMS. Their diagnosis by the touch, the tent, and the probe, is comparatively easy.

Internal medication, contrary to the reported success of SIMPSON and CHANNING, Dr. SIMS has never found to produce any effect on fibroid tumors of the uterus.

Dr. ATLEE's enucleations and BAKER BROWN's gouging process receive attention. Except to arrest hæmorrhage, Dr. SIMS does not think such tumors should be interfered with unless they endanger life. He has lost two patients in the Woman's Hospital—one by Dr. ATLEE's and one by B. BROWN's method. The first died by hæmorrhage and the latter by pyæmia. Apart from these cases, we believe Dr. SIMS to be perfectly correct in his opinion that such operations are generally unjustifiable. A case is quoted in which conception, gestation, and safe delivery followed the removal of a large intra-uterine fibroid, Mr. GRIMSDALE, of Liverpool, being the operator.

BAKER BROWN is reported now to content himself simply with incising the os and cervix. Dr. SAVAGE, of London, injects, with asserted advantage, tincture of iodine into the cavity of the uterus.

Inversion of the womb occupies a number of interesting pages. Since TYLER SMITH's introduction of the plan of reduction by the India-rubber air-ball, old cases of this have become manageable. Prof. WHITE, of Buffalo, first succeeded in this operation in this country. Dr. T. SMITH and Dr. C. WEST have replaced the uterus after twelve years' inversion.

Dysmenorrhœa our author finds to depend in a very large majority of cases upon mechanical obstruction, especially contraction of the os, or flexure of the cervix. He does not believe in constitutional dysmenorrhœa any more than in constitutional colic. Dilatation with bougies or sponge tents has not succeeded well with Dr. SIMS. Metro-peritonitis has sometimes followed it. He prefers to enlarge the canal by bilateral *incision*. This he asserts to be far less painful than forced dilatation, as well as safer and more successful.

This operation of incising the neck of the womb is not much in favor either at London or Paris. Dr. SIMS, however, speaks with confidence about it, having performed it between twenty and thirty times without accident. Dr. SIMPSON has the credit of devising this operation. To cure dysmenorrhœa by it is also generally to cure sterility, which depends often on the same cause.

On sterility Dr. SIMS is very full, having studied the subject evidently *con amore*, and handling it, in a literal sense, without gloves. Close inspection of the size, shape, and position of the cervix uteri, and even chemical examination of its secretions, sometimes will reveal the secret of barrenness, amenable to treatment.

Of 250 married women who never had children, 103 had anteversion and 68 retroversion. Two-thirds also of a similar number who had children, and then prematurely ceased to conceive, had one or the other malposition. Our author does not mention *lateral* displacement. We have seen a case in which a decided obliquity was connected with sterility after early maternity. Dr. SIMS employs the uterine sound only for *diagnosis*, never to replace the womb, regarding such an attempt with it as dangerous. He replaces the uterus by *manipulation*. The risks of Dr. SIMPSON'S intra-uterine stem are considered by Dr. SIMS as too great to allow of its use.

Of pessaries, our author prefers HODGE'S horse-shoe shape, but made of light material, as gutta percha. No man, says he, who is not a mechanic, ought to use a pessary, so important is it for it to be adapted to the case. It is an evil to have to use such an instrument, but sometimes it is necessary. Dr. SIMS has repeatedly advised the introduction of a pessary to adjust the uterus for sexual intercourse to favor conception, and with success. We should suppose that this is not a common experience.

In some cases of retroversion with ante flexion a cotton pessary is recommended. Dr. SIMS has invented a *porte-tampon*, with which the patient can introduce such a supporter, or a tampon to suppress hæmorrhage. Some who can wear no other kind of pessary will bear a cotton one.

Full consideration is given to *procidencia* in the book before us, with a clear account of successful operations for its relief. Three processes especially are described:

"1st. Amputation of the cervix according to the plan of HUGUIER, when its infra-vaginal portion is too long. I have often seen procidencia cured by this alone. 2d. The perineal section, as performed by Mr. BAKER BROWN, Dr. SAVAGE, and others. 3d. The operation of narrowing the vagina by the trowel or triangular-shaped denudation on its anterior wall, as performed by Dr. EMMET and myself." P. 310.

For those who will not have any operation, and find no relief from HODGE'S, MEIGS'S, or ZWANG'S pessaries, Dr. SIMS would expect advantage from Dr. FORDYCE BARKER'S tampon, soaked in solution of tannin.

Under the head of morbid states of the vagina, preventing conception, VAGINISMUS is treated of. This is a term coined by our author, meaning spasmodic occlusion of the vagina. The word seems to be needed. Irritability to the touch, as extreme as that of a tender tooth, or of photophobic eyes to the light, is met with sometimes. How can conception be made possible under such circumstances? Dr. SIMS claims to be sure of the cure of vaginismus by the operation of removing the hymen and a portion of the mucous lining of the vagina surrounding it. Sometimes this affection has been proved, and it may generally, if not always, be supposed to be, neuromatous.

But a *palliative* measure is also mentioned under the title of "*ethereal copulation*." Certainly this is one of the extraordinary things of practice. A case will show what is meant by it. A married couple failing in intercourse, from vaginismus, the family physician advised etherization; and, for two or three years, this being found successful, the practitioner made it "his business to repair regularly to the house of this couple *two or three times a week* to etherize the poor wife for the purpose above alluded to." Conception occurred, and the same practice was continued "during the whole period of utero-gestation." (P. 334.)

Dignified as the part of the obstetrician may be, in safely guiding, through suffering, the process of delivery, we confess we see *no* dignity in such chambering as the above. Rather the words of HAMLET come to mind: "To what *base* uses may we come, HORATIO!"

Other curious things are told of in this book; most so, perhaps, Dr. SIMS' history of his experiments in "mechanical impregnation." This is the injection, by an instrument for the purpose, of semen directly into the uterus, when, from displacement or contraction of the os, or some other defect, intercourse had proved fruitless. Such experiments Dr. SIMS has performed fifty-five times on half a dozen patients, in two years, with one conception following. He has now given up the practice, which has also failed in the hands of Dr. G. HARLEY, of London.

We are not surprised at its abandonment; the wonder is, that the three parties necessary in each case—a man, a woman, and a physician—could ever, by any "fortuitous concourse," have found themselves together for such an operation. It proves that it does, indeed, take "all sorts of people to make a world." We had thought to have seen and known, before, something of almost all kinds of practice; but this *out-Simses* SIMS.

Medical and Surgical Reporter.

S. W. BUTLER, M.D., Editor and Proprietor.

PHILADELPHIA, JULY 7, 1866.

VOLUME FIFTEENTH.

This number commences the fifteenth volume of the MEDICAL AND SURGICAL REPORTER, and we are happy in being enabled to present our readers the best programme we have ever offered the profession for a single volume. Dr. AGNEW, of this city, commences in this number a series of very valuable papers on *Vesico-vaginal Fistula, and its Treatment*, which will be illustrated by more than fifty first-class engravings on wood; and Dr. BANNING, of New York, begins a series on the *Physiological and Pathological Relations of the Trunkal Muscles, with the Therapeutic indications involved*. Dr. CUTTER, of Boston, will next week commence the subject of the *Treatment of Throat Affections by Medicated Vapors and Spray Producing instruments, and on Local Anæsthesia*. Dr. DA COSTA, of this city, will soon contribute some clinical remarks on *Laryngoscopy*, and on other subjects, specially prepared for our pages. All the above articles will be fully illustrated. Dr. J. J. WOODWARD, Assistant Surgeon U. S. A., will contribute articles on that interesting subject, *Micro-Photography*, which he has carried to such perfection in illustrating morbid conditions of the organs. Dr. BAUER, of Brooklyn, will furnish a series of articles on *Spermatorrhœa and its Treatment*, and Dr. FRANCIS, of New York, is preparing *Biographical Sketches of Distinguished Living Physicians* of New York. The series will begin next week with that of Dr. MARTYN PAINE. Dr. TURNBULL, of this city, will continue his valuable *Ophthalmological* papers, which will be fully illustrated. Dr. N. S. DAVIS, of Chicago, Ill., will discuss the subject of *Medical Education*, one of the most important topics now before the profession of this country; and Dr. GARRETSON, of this city, will furnish a series of papers on *Surgical Diseases of the Mouth*.

Besides these we expect a continuance of the valuable practical contributions of Dr. WALTER, of Pittsburg, Pa., and Dr. DUTCHER, of Cleveland, Ohio. There is also preparing for our pages a complete *Medical and Surgical History of the United States Navy* during the late war. We have also engaged a series of papers from the pen of Prof. BARKER, of New York, on subjects connected with *Obstetrics and the Diseases of Women*, which we hope to present in the fall on his return from Europe. We are also making permanent

arrangements for an intelligent correspondence from Europe, which, in view of the war just commenced there, will undoubtedly be full of interest. Added to the above will be our usual *Clinical and Medical Society reports*, a full *Periscope*, foreign and domestic; *Reviews and Notices of Books*; independent out-spoken *Editorials* on all matters of interest to the profession, and *Medical News and Miscellany*. Our *Domestic Correspondence* department has also acquired great interest and importance, which will be fully sustained. One feature of our work which we regard as peculiarly valuable is the contributions we receive from country practitioners. There is no journal in the country that has so much communication with country physicians, and we aim to make the REPORTER specially valuable to them.

In the editorial department we shall be aided—as we have been for nearly a year past—by Dr. CHARLES F. J. LEHLBACH, now of Newark, N. J., who is well known as one of the best medical writers in the country. The review department of the work is principally under the direction of Dr. HENRY HARTSHORNE, of this city, who will employ such aid as he may require in conducting it.

Now, subscribers and readers, friends of American medical literature, what need we say more, excepting that all this will be attended with great expense, and we shall need your hearty coöperation both in prompt payments of your own subscriptions and in extending our circulation. Whatever you do in this line is done in the general interest of medicine.

We commence the volume with an enlargement by several pages, but do not expect to continue it beyond a few issues, unless justified in doing so by a very considerable increase in our subscription list. We shall have literary material enough, and would gladly give twenty-four pages of reading matter each week, and even more, and shall do so as soon as the income of the work or a decrease in the cost of production will justify it.

It has always been one of the main objects of the REPORTER to furnish in its pages a reflex of medical opinions and progress throughout the United States, and to represent in its columns the interests of the whole profession, untrammelled by any local interests, cliques, or parties. The NATIONAL CHARACTER of our enterprise is best shown by the NATIONAL APPRECIATION which it has met. Any one who glances over our weekly lists of "communications received," will see that our circulation is limited only by the limits of the Post-office Department of the United States. The REPORTER reaches our profession in

[JULY 7, 1866.]

EDITORIAL.

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every State and Territory of the Union, from the Atlantic to the Pacific, from the Lakes to the Gulf. There is, hence, no better vehicle of communicating scientific facts and observations to the whole profession, than through the pages of the **REPORTER**.

One of the reasons why the **MEDICAL AND SURGICAL REPORTER** has met with such success, has been its *independent* and *timely* discussion, in its editorial columns, of all questions of interest to the profession, its wide-awake attention to public measures connected with the advancement of our science, and its fearless criticism of everything and everybody standing in the way of medical progress. Our editorial columns we look upon, not as so much space to be filled by some talk on "anything," but as devoted to the discussion of vital questions in the science or the ethics of our profession.

From the encouragement we have met in the past, and the solid support that has been extended to the **REPORTER** by the profession throughout the United States, two things are plainly evident: that the profession needs an independent, straightforward, honest, outspoken, fearless, **WEEKLY** medical literature; and that, to some extent at least, the **REPORTER** has supplied this want. We need but refer to the above **PROSPECTUS** for this new volume, to convince our readers that we are still *progressing*, and to those who are not yet our readers, that it would be to their **OWN INTEREST** to become such.

PHOTOGRAPHY APPLIED TO THE MICROSCOPE.

During a recent visit to the Army Medical Museum at Washington, our attention was arrested by the progress which has been made by that institution in the application of photography to the representation of objects as seen with the microscope. The work was commenced at the suggestion of Dr. J. J. WOODWARD, U. S. Army, formerly of this city, for the purpose of preparing the histological series of pathological illustrations for the medical history of the war; and the experiments made, have been conducted to their successful termination in a practical art, under the supervision of this officer, by his skilful assistant, Dr. EDWARD CURTIS, to whom the immediate manipulation was entrusted. Among the results exhibited to us were a series of splendid transparent fac-similes of the field of the microscope, with various powers, from ten to twenty-five hundred diameters, photographed directly from the instrument, and enlargements of

these, some of them to the enormous power of nineteen thousand diameters, which still, however, preserve surprising sharpness of definition. The subjects shown us, were a series of diatoms, (test objects,) a large series of sections of diseased intestine, (camp fever and diarrhoea,) and a number of miscellaneous objects, as the trichina spiralis, a series illustrating the method of cell division, as shown in growing cartilage, etc., etc. It is intended to place these magnificent specimens in the hall of the Museum, so soon as it is removed to Ford's Theatre, which is now being fitted up for the purpose. In the meantime, they can be seen by physicians at the laboratory of the Surgeon-General's office, at No. 180 Pennsylvania Avenue, Washington.

Printed copies of some of them have been very kindly given to us, and can be seen at the office of this journal, although, of course, far inferior to the transparent prints on glass, of which we speak. They will, nevertheless, give a just idea of the excellence of the work.

In fact, we are not in any respect going too far, when we claim for this work, not only that it is a complete success, and fully adequate to the purpose for which it was undertaken, but that it is the most successful attempt of the kind that has ever been made, and that the Army Medical Museum now stands, in the matter of microphotography, far in advance of any public institution or private investigator in the world.

That this statement of ours is not an extravagant one, will be seen by the following frank and manly letter from the celebrated Dr. MADDOX, one of the acknowledged heads of this branch of research in Europe, which we clip from the *British Journal of Photography*, for May 25th, 1866, with some remarks by the editors.

Photo-micrographs.

"To the Editors:

"GENTLEMEN,—I am desirous of making known through the medium of your Journal, the magnificent results in photomicrography obtained in America, by Brevet Captain EDWARD CURTIS, Assistant Surgeon U. S. Army, in the laboratory of the Army Medical Museum, which mark the value I have so often advocated of its utility in your Journal, and elsewhere. It appears from the memorandums on the backs of the prints, and by a private letter from Dr. WOODWARD, Bvt. Major and Assistant Surgeon U. S. Army, to whom I am indebted for their possession, that two competitive photomicrographs have been taken, one by POWELL & LELAND's one-fiftieth objective, and the other by an American maker's one-eighth objective, brought up to an equivalent power by an achromatic amplified in the place of an eyepiece (WAMES'). The former magnified 2344 diameters, the latter 2540 diameters, and from each

of these negatives a further enlargement to 19,050 diameters. In the choice of the prints selection would, I expect, be given to the negative by the one-fiftieth in the one case as being somewhat sharper and brighter than the one-eighth amplified; and in the other case to the enlargement from the negative taken by the latter. They are *both so equally good*, and so far in advance of anything I have seen in this country that the greatest credit is due to Captain CURTIS; and I am glad to be able, through the kindness of Mr. How, of 2 Foster Lane, Cheapside, to favor those desirous of seeing the originals with their inspection.

"I am, yours, &c.,

"R. L. MADDOX, M. D."

[Those of our readers interested in this application of our art-science, would do well to call at Mr. How's to see the wonderful specimens of microphotography alluded to in Dr. MADDOX's communication.]

With the exception of some most successful experiments with a one-fiftieth of an inch objective, constructed expressly for the museum by Messrs. POWELL & LELAND, of London, all the work done there has been executed with American object glasses. Mr. W. WALES, of Fort Lee, New Jersey, is the skillful optician by whom these glasses were constructed. Dr. WOODWARD explained to us, however, that the reason of the great success of the museum work is to be found less in the perfect workmanship of these glasses—though in his opinion they have never been excelled—than in the new principle on which they are constructed. They are simply made to bring to a focus the violet end of the solar spectrum where are the chemical rays, at the expense of all apparent achromatism. In illuminating them for work the direct light of the sun is employed, but it is first passed through a solution of the ammonio-sulphate of copper, by which practically all but the violet ray is absorbed.

In Europe, strange to say, while a correction for the chemical focus has been proposed and even practiced, the result was comparatively a failure, because correct focussy was interfered with by using ordinary unmodified solar illumination. On the other hand violet light has recently been proposed as an illumination for micro-photographic purposes by the Count CUSTACUNE, who, however, omits the indispensable precaution of correcting the objective expressly for the violet ray.

In photographing the soft tissues a thin piece of glass is also interposed in the solar beams to disperse the light and destroy those interference phenomena which have rendered European attempts at the photography of most of these tissues with high powers so completely abortive.

We advise any of our readers who may visit

Washington not to fail to obtain a sight of these pictures, for it is impossible not to realize that a new and more positive era is about to open for microscopic research, now armed with this powerful method of attaining accuracy, by which real microscopic appearances can be communicated to those who do not use the instrument; and investigators in distant parts of the world can compare their results without misleading each other by those fanciful misinterpretations which have so often, whether intentionally or unintentionally, been expressed in microscopic drawings.

Unfortunately photo-lithography and other methods of preparing engravings photographically, have failed as yet to reproduce properly the wonderful delicacy of detail displayed in the museum pictures, but for the present they are readily copied by hand either on steel or stone, and the time cannot be far distant when the further improvement of the already promising art of heliographic engraving will fit it for the reproduction of the results of its more advanced sister art, micro-photography.

THE METROPOLITAN (N. Y.) BOARD OF HEALTH AND THE ACADEMY OF MEDICINE.

We are glad to be enabled to record the prompt and decided action of the Academy of Medicine regarding the resolution of the Board of Health, alluded to in a late number, inviting homœopaths to take charge of patients under control of the Board. At the very next meeting of the Academy, the subject was called up by Dr. SAYRE, who, in his remarks, took occasion to quote our former article as evidence of the grave interests at stake, and of the importance which the profession of the United States attached to the occurrence. Dr. POST, the mover of the previous resolution, which, in a general way, endorsed the Board of Health, and offered the coöperation of the Academy, came promptly forward with a resolution to the effect, "that in offering their coöperation to the Board, the Academy does not wish it to be understood as endorsing the appointment of homœopaths," thus disclaiming any sympathy with the action of the Board in this matter.

We suppose that this will be satisfactory to the profession, as far as the ACADEMY is concerned. But is the profession satisfied with the action of the individual members of the Board of Health, in giving their consent to place the charities under their charge partially under the control of charlatans? Were they *out-voted* by a unanimous vote of all the lay-members of the Board

against them—*five to four*? If they found themselves unable to exert sufficient influence to keep quackery out of the Board, *why did they not resign*? Do they believe that the cause of such resignation would have continued for twenty-four hours? What benefit are *four* medical men in the Board, if they have *so little* influence that they cannot resist the first attacks of medical humbug? These are questions which the medical members of the Board **MUST** answer to the profession.

There are none of our readers throughout the United States who do not know that, from first to last, we hailed the inauguration of the new Board of Health in New York as one of the necessities of the country, as one of the great experiments in sanitary science and sanitary government. Neither political nor personal considerations had anything to do with shaping our strenuous advocacy of the movement. And, therefore, it is with grief that we see the names of men of whom the profession of the United States has learned to be proud, associated, publicly and professionally, with a *tame submission to quackery*, and an unwarranted attempt to conciliate one of the most glaring delusions in the practice of medicine. We still believe that the action of the medical members of the Board has been simply *hasty*; and therefore we beg of you to come forward, *as you are in duty bound to do*, and give an explanation of your action in this matter, to the profession. MEDICAL SCIENCE has placed you in the position in which you are, and to it you are responsible for your acts.

There was one remark made at the last meeting of the Academy, when this subject was under debate, which we cannot but mention, in order to show what flimsy excuses are sometimes offered in extenuation of wrong. One gentleman, and one only, attempted to justify the action of the Board on the ground that the results of giving the homœopaths control of a hospital would doubtlessly be so detrimental to their cause as to put a final quietus upon their claims. As if the folly of HAHNEMANN had not been already demonstrated a thousand times, *and as if science needed the sacrifice of a thousand lives, offered on the altar of homœopathy, under the superintendence of the Metropolitan Board of Health, to smite the image of the false god!*

For the sake of charity and common sense, we hope that good fortune will save the medical members of the Board from such apologists and friends.

AMERICAN MEDICAL ASSOCIATION.

We have received the following note from Dr. FRANCIS G. SMITH, Chairman of the Committee of Publication of the American Medical Association.

The *best* way to relieve the treasury of the Association will be for members who do not possess all the back volumes to purchase those lacking to complete their sets, thus, while aiding the Committee, adding value to their own libraries.

DEAR SIR.—The Committee of Publication are obliged to appeal to the members of the American Medical Association for contributions of money to defray the expenses of printing and illustrating the Transactions of the last meeting.

The amount of assessments at the meeting in Baltimore falls short of that required, by more than one thousand dollars, and unless this deficiency is supplied the volume cannot be published.

Many members have expressed their willingness to contribute, and one has agreed to give a hundred dollars, if there is any prospect of aid from others. You are earnestly requested to contribute, and to forward whatever amount you may be disposed to give, to Dr. C. WISTER, 1303 Arch Street, Philadelphia.

Notes and Comments.

Steam as a Disinfectant.

Important experiments have been carried on during the last few weeks under the supervision of Dr. A. N. BELL, of Brooklyn, aided by Drs. STILES, CONKLIN, J. LEE, and others. The experiments were made at Seguin's Point.

Dr. BELL contends that steam is a far better disinfectant than chlorine, the latter remedy rotting the clothes, while the former is thoroughly efficacious, and makes not the slightest difference in the clothes, beyond the great one of disinfecting them of all disease.

The apparatus used for the experiments was simply an ordinary steam boiler of three-horse power, and a WOODWARD's force pump—the latter connected with a coil of pipe 360 feet in length, inclosed in another furnace, by which the steam from the boiler is superheated and makes dry steam. From this furnace a section of pipe is carried to a small chamber containing about 500 cubic feet, in which the disinfecting is to be done. The pipe was in the centre of the floor, from which the steam is concentrated. On the wall was a self-registering thermometer; on the top of the partition of this room was another thermometer, and at the bottom still another. These were placed there to mark the different degrees of temperature during the experiments.

The experiments commenced by a five minutes' test, during which time some oysters, clams, fish, and three eggs, through eight thicknesses of blanket were cooked. By this it was understood to show that all animal matter being subjected to the action of super-heated steam will at once be

destroyed. At the commencement of the test the lower thermometer marked 90 degrees Fahrenheit, and the upper one 83 degrees. During the five minutes occupied in the experiment the gauges of heat stood as follows:

Minutes.	Lower Ther. Degrees.	Upper Ther. Degrees.
1.....	105	120
2.....	155	178
3.....	185	220
4.....	202	202
5.....	200	198

A second test was then made, which lasted ten minutes—oysters, eggs, &c., being put in as before, as well as a coat and a pair of white linen pantaloons. Before the door was shut the indicator marked 162 degrees (the lower) and 140 degrees (the upper). The annexed table will show the various degrees of heat obtained:

Minutes.	Lower Ther. Degrees.	Upper Ther. Degrees.
1.....	167	165
2.....	180	190
3.....	185	196
4.....	192	202
5.....	195	210
6.....	198	214
7.....	202	216
8.....	202	216
9.....	205	220
10.....	208	225

The self-registering thermometer indicated 260 degrees. Dr. BELL accounted for the variation of the lower and upper thermometers by the fact of the lower one being connected with the chamber by an iron tube. Iron being a conductor of heat prevented it marking the gradations of heat correctly. The clothing placed in the room was perfectly dry, and the linen pants, now considered perfectly disinfected from all disease, were as dry as a bone, and the starch and folds made by ironing were not even taken out of them. This, Dr. BELL claims, is done by his steam being super-heated, which is the secret of his success as a disinfectant. To thoroughly cleanse and purify the clothes of emigrants and passengers will take two hours; at the end of which time it will be considered safe to allow them to go anywhere they please.

A retort can be attached to the steam pipe, capable of injecting any volatile substance or disinfecting agent into the chamber, such as chlorine, carbonic acid, fumes of coal tar, &c. If used, these chemicals will be heated to the utmost intensity, thus giving them greater power.

It is stated that a ship can be disinfected in the same way. The boilers of a tug will be used, and a portable super-heating apparatus be erected on board. In one day a ship, by this plan of disinfecting, can be thoroughly purified, and she will be enabled to come to the city in safety. If this is the case it will be the saving of many thousand dollars to our merchants and shipowners.

Uterine Displacements.

Dr. BANNING's article, already published, on uterine displacements, has led to a large correspondence, both with our office, and directly with him, as to how patients may secure the benefits of his auxiliaries for their treatment. The subject will be more fully treated upon in subsequent articles of the series. Dr. BANNING has also con-

sented, at the urgent request of several correspondents, to "receive a limited number of their patients into his residence" (No. 11, St. Mark's Place, New York), for a sufficient length of time to adjust the instruments, and overcome contingencies; giving attention only to the mechanical department of their cases. Also, that each of his other mechanical auxiliaries, which are especially effective, and readily adjustable by the practitioner, will be expressed to order.

Correspondence.

DOMESTIC.

Twins with One Placenta, Two Cords, and One Set of Membranes.

EDITOR MEDICAL AND SURGICAL REPORTER:

Believing it may prove of much interest to the profession, I send you the following account of an anomalous case of twin births which lately occurred in my practice.

On the 29th of May last, between one and two o'clock, P. M., I was called to go about five miles from my office, to attend a lady in labor. She had been suffering great pain for several days, but it being her first pregnancy, and having been under treatment, for a chronic hepatic affection, for several months by a Pittsburgh physician, together with the fact that it was but the sixth month of gestation, she naturally enough attributed all to her old complaint of the liver, and deferred sending for me until the last moment.

On my arrival, I found she had been delivered of two female children, within fifteen minutes after the time the husband started to summon me to attend. From their size and the best information I could gather, they had reached the twenty-third week of gestation. The first was born by the breech, and the second followed, within ten minutes, by the cephalic presentation. Both were perfectly formed, with no perceptible difference in size, nor scarcely any in features. Though no signs of life appeared in either on my arrival, near two hours after the delivery, I was assured that the first had exhibited evidences of life for about an hour after birth, but, though the efforts made to restore the vital powers to a normal standard had been of an intelligent and judicious character, life soon became extinct. The second bore slight indications of life when born, but all efforts for restoration were useless.

I found the mother much exhausted from her labor and sufferings, and rapidly losing strength from excessive hæmorrhage. The placenta being

within the uterus, and partially detached from its walls, (for I had, from examination, diagnosed but one placenta.) I at once passed my hand, and, with considerable difficulty, detached and removed it, when, from careful inspection, I found the following very interesting anomaly, viz.

One placenta, from ten to twelve inches long, and six inches broad, the two cords being inserted equidistant from the ends, and about six inches apart, or nearly in the centre of either half, the whole presenting one perfect set of membranes, one amnion, one chorion, with two umbilical cords; in short, I found it a case of two well developed female children in one perfect set of membranes, which became still more certain in my mind when, upon questioning the mother and the two female attendants, I was assured positively by each, that there was no second discharge of waters preceding the birth of the second child, but that there was an excessive quantity preceding the first.

I have never before met with a like case, nor do I know of but one similar to it on record, which is reported by Dr. BEDFORD, of New York. But that differs from this in three particulars: First. Both died in utero several weeks previous to birth, and were in a state of decomposition when born. Second. It was a case of placenta prævia. Third. The cords were inserted in juxtaposition in the placenta.

I believe, with early and proper attention, this woman might have gone her full term, and thus presented the strange phenomenon of two perfectly-formed and well-developed children from one set of membranes, settling forever the question of the possibility of an occurrence so positively denied by some authors. This woman is now enjoying her usual health.

B. F. REYNOLDS, M. D.

Harmerville, Pa.

A well-founded Complaint.

EDITOR MEDICAL AND SURGICAL REPORTER:

May I ask you to publish in your excellent journal, which I am glad to know is so widely distributed over our country, the following suggestion, in the hope that its mere publication will remedy the evil complained of.

I happen to have a very large medical acquaintance throughout the Union, so that scarcely a day passes in which I am not in receipt of a letter or letters, asking for information on various matters, for vaccine virus, or other favors.

Now, I am happy always thus to oblige my friends, and I do not think I am naturally of a close or penurious disposition, but I would re-

spectfully ask, *is it fair* that I should be taxed, day after day, with the postage on letters in reply which furnish the information sought, or which supply, without charge, some want required by my distant friends?

A single stamp, it is true, costs but little, but when this is demanded day after day, the aggregate becomes no inconsiderable item. I do not think I exaggerate when I state, that my bill for such stamps, thus expended during the past year for my friends' benefit, has been not less than ten dollars.

Not to mince matters, I would say: let each man asking a favor of his friend by letter, *enclose a stamp for the return letter*, and he will then have acted as a gentleman should act. For one, I am tired of being imposed upon.

A PHYSICIAN.

June 17th, 1866.

An Improved Mouth-Piece for Administering Nitrous Oxyd Gas.

EDITOR MEDICAL AND SURGICAL REPORTER:

In Prof. CARNOCHAN's article on nitrous oxyd gas, in a former number of the REPORTER, he speaks of the want of a proper instrument or mouth-piece for its administration, so that the same material need not be breathed over and over again. This is indeed a most serious objection to the common method of administering it, when the gas is inhaled from the bag into the lungs, and exhaled into the bag again, loaded with carbonic acid and other impurities, a portion of the nitrous oxyd being absorbed each time it is inhaled, it is obvious that during the latter part of its administration the contents of the bag must become very impure, and positively injurious to breathe.

An arrangement that will entirely obviate this difficulty may be easily made by taking a common black rubber mouth-piece, such as is usually used in administering the gas, cutting it in two between the mouth-piece proper and the stop-cock. From the mouth-piece extend a plain neck or cylinder of silver or brass, about two inches in length, and an inch and a quarter calibre on the top part of this neck. Let there be a hole the same size as the one through the mouth-piece, with a self-acting valve fitting over it. The valve may be made of leather, one edge extended, and fastened down to the cylinder, acting as a hinge; a piece of brass should be fastened on the top to give it sufficient weight, so that it will readily fall down to its place. The stop-cock section it will be necessary to enlarge in diameter, by fitting a collar of wood around it,

so that it may be screwed into the end of the cylinder on the mouth-piece. The end should be made plane, and over the opening for the escape of gas, fit a valve similar to the one on top. In the act of inspiration this valve will allow the escape of gas from the bag, while the one on top will remain closed. The force of expiration will shut this valve, and force open the one on top, and allow the breath to escape into the room. My partner, Dr. J. M. DAVIS, and myself have used such a one in our dental practice for months, and find it much pleasanter to our patients, and more satisfactory to ourselves to give pure gas. I do not suppose it would be so practicable in protracted operations, as it would require a very large bag, and consume more gas, but for teeth extraction, and short surgical operations, very little more gas is required, and not a particle of it breathed over twice.

THOMAS S. STEVENS, D. D. S.

Trenton, N. J., June 23d, 1866.

Lime Inhalations in Diphtheria.

EDITOR MEDICAL AND SURGICAL REPORTER:

For some time past, I have been much interested in reading the articles in the REPORTER on "lime inhalations in diphtheria."

Remembering the solvent power of the stronger alkalis on the cuticle, hair, nails, and other animal tissues, the thought at once occurred to me, that "lime inhalations" would be just the thing in diphtheria, and I determined to give it a trial the first opportunity.

I was called to see a child, seven years of age, affected with diphtheria. The tonsils were enlarged, and the mucous membrane presented a bright-red appearance. A small patch of false membrane occupied the left tonsil. The constitutional symptoms were very slight.

I swabbed the throat with tr. ferri chloridi, and gave five drops internally every four hours. The next morning, the tonsils were covered with false membrane, which had ascended to the palatine arches. Small patches were also visible on the uvula.

At this time, the cervical and sub-maxillary glands were much swollen and painful to the touch. I prepared the lime for inhalation as directed by Dr. GEIGER, and was soon pleased to see it exert its beneficial effect. Small patches that covered the uvula were entirely dissolved, and those on the tonsils were diminished in size. I directed the inhalations to be continued at intervals of four hours. Toward evening, the false membrane had entirely disappeared, but returned

again the next day, and was again removed by the lime inhalations.

This is the only case I have had an opportunity of giving this new method a trial in, and so far, I am pleased with its effects, though, as yet, I am unable to form any very decided opinion in regard to its remedial effect in diphtheria. The danger in diphtheria never seemed to me to be so alarming merely from a few patches of false membrane having formed in the throat. These, though they sometimes produce death, are not always the cause of it. I look with most anxious solicitude to the prostrating effect of the disease on the system. Hence I am always inclined to support the system by the use of proper remedies and the internal use of tincture of iron.

Should the lime inhalations prove effectual, however, in removing the false membrane, I would be disposed to use gargles of diluted tincture of iron or tannic acid, with the view of preventing any further formation of it.

THOMAS BYRNES, M. D.

Walcott, Iowa, June, 1866.

News and Miscellany.

Long Island College Hospital.—Commencement.

The seventh anniversary of the Long Island College Hospital (the only department of the "University of Brooklyn" yet in existence) was celebrated, Thursday evening, June 28th, at the Athenæum, in Atlantic street, Brooklyn. A very large and fashionable audience, largely comprised of the fair sex, lent their presence to the occasion, and the sweet music of Helmsmuller added its pleasing enchantments. The stage was occupied by the Faculty of the College and various other well known gentlemen, among them S. B. CHITTENDEN, Esq., Supervisor OSBORNE, Prof. DOCHARTY, of the College of the City of New York, the Rev. Drs. STORRS and VINTON, and others. Dr. JOHN J. VAN NOSTRAND occupied the chair.

Prayer was offered by Rev. Dr. VINTON; the degrees were conferred by Dr. T. L. MASON, the President of the Faculty, who also addressed the graduates. Rev. Dr. STORRS also delivered a pointed practical address, which elicited much applause. The valedictory was given by Dr. J. C. GOODRICH, Jr., of the graduating class. The exercises were interspersed with music.

The following are the graduates:

British Possessions—Canada—Geo. A. Tye, S. S. Henderson.

Maine—Joseph G. Pinkham, A. M.

New Hampshire—A. W. Shepard, R. B. Prescott.

Vermont—G. R. Sherwood.

Connecticut—L. M. Gilbert.

New York—J. C. Goodrich, J. L. H. Elmdorf,

A. M., James Watt, Jr., E. Beach, L. D. Mason, Henry T. Antis, W. H. Sanborne, G. F. Lewis, R. H. Chittenden, C. P. Hecker, A. C. Valentine, A. B., P. B. Collier, Thomas Rowe, Eugene Jehl, R. B. Smith, M. H. Blynn, L. Wood.

Pennsylvania—A. J. Laubeck, U. S. Hyett, W. F. Barclay, L. R. Metzgar, Robert Robinson, Reuben Smith, S. T. Thompson.

Ohio—C. W. Buringer, John Adams, F. A. Dubois.

Indiana—E. W. McAllister, W. B. Jones.

Illinois—J. C. Martin.

Wisconsin—J. W. Corbitt.

Michigan—G. C. Braithwaite.

Maryland—W. W. Evans, T. W. Healey.

Virginia—C. W. Peck, J. A. Sussdorff.

North Carolina—Elisha Porter.

Florida—James McKinstry.

Louisiana—H. Shafer.

Missouri—B. C. Bristol, A. B.

Kentucky—G. W. Griffiths.

New Hampshire Medical Society.

The annual meeting was held at Hanover, on the 5th and 9th of June, 1866. The officers for the ensuing year are:—*President*, R. P. J. TENNEY, M. D., Pittsfield; *Vice-President*, A. H. ROBINSON, M. D., Concord; *Secretary*, NATHAN CALL, M. D., Suncook; *Treasurer*, THOMAS WHEAT, M. D., Manchester; *Delegates to other State Medical Societies*—To Massachusetts, Dixi Crosby, M. D., Hanover, P. A. Stackpole, M. D., Dover; to Rhode Island, N. W. Oliver, M. D., Portsmouth, A. H. Robinson, M. D., Concord; to Connecticut, L. M. Knight, M. D., Franklin; S. L. F. Simpson, M. D., Concord; to New York, J. P. Bancroft, M. D., Concord, G. A. Crosby, M. D., Manchester; to Vermont, Dixi Crosby, M. D., Hanover, John Clough, M. D., Lebanon; to Maine, L. G. Hill, M. D., Dover, T. J. W. Pray, M. D., Dover; to New Jersey, E. K. Webster, M. D., Boscawen, L. C. Bean, M. D., Lebanon.—*Boston Med. and Surg. Journal*.

The Inventor of the Guillotine.

A quaint letter from Dr. Guillotin has been discovered. It reads thus: "*Mon cher*: The punishment which I have invented is so gentle—so gentle that really it is only the idea of death which could make it disagreeable. Indeed if one were not thinking of death, one would only experience the sensation of a slight and pleasant coolness on the neck, *et voila tout!*"

Poor GUILLOTIN! he little thought that this "gentle punishment" would soon be brought to bear on himself!

— A prize of 50,000 francs is offered by the French Government for the discovery of the most important application of the voltaic pile to industrial and scientific purposes. Competition is offered to all nations, and the claims will be examined in five years.

— The wife of a Bristol, (R. I.) physician has passed the examinations necessary to her admission into the profession of medicine, and she now assists her husband in his practice.

Dr. FREEMAN J. BUMSTEAD has been appointed Professor of *Materia Medica* and *Clinical Medicine*, to fill the vacancy caused by the death of Prof. JOSEPH M. SMITH, in the College of Physicians and Surgeons, New York.

— Sir CHARLES EASTLAKE fell a victim to the wretched ignorance of the Italian physicians, who bleed on any and every occasion mercilessly. His grave is near that of Mrs. Browning, at Florence.

— There is such a dearth of physicians and surgeons in the Austrian navy, that the government offers to engage young men who have not yet completed their medical studies.

— PROFESSOR OWEN.—Two volumes, just published in London, complete Professor OWEN's great work on the *Anatomy of Animals*, on which, it may be said, he has been engaged in study and with the pen for more than half his lifetime. The subjects of these volumes, "*On the Anatomy of Vertebrates*," are Fishes and Reptiles and Birds and Mammals.

— Another explosion of nitro-glycerine is reported from Sydney, N. S. W. The explosion occurred in the establishment of Messrs. MOLISON & BLACK, shipping agents, at the lower part of Bridge-street, near its junction with Pitt-street. So violent was the force of the explosive matter that the entire building has disappeared, and scarcely a vestige of the store remains.

Army and Navy News.

NAVY.

List of changes in the medical corps of the Navy during the week ending June 30th, 1866.

Asst Surgeon Jas. M. Flint, detached from Receiving-ship at Baltimore, and ordered to temporary duty at Naval Academy at Annapolis.

Commissioned as Assistant Surgeons from June 18, 1866, William V. Marmion, from West Virginia, Geo. S. Culbreth, from Delaware, Jerome H. Kidder, from Maryland, Earnest D. Martin, from Pennsylvania, Thos. B. Brown, from Maryland, Adam Traw, from Pennsylvania, Robert A. Whedon, from Michigan, Edward H. Ware, from New York.

Surgeon H. C. Nelson, to temporary duty on receiving-ship "New Hampshire."

MARRIED.

BINKERD—CRISWELL.—May 29th, at the residence of the bride's parents, Aurora, Indiana, by Rev. W. W. Snyder, A. D. Binkery, M. D., late Assistant Surgeon of the 3d U. S. C. Artillery (Heavy), and Miss Sallie E., daughter of R. Criswell, Esq., late of Miller's Eddy, Pa.

CURRAN—HOLLINGSWORTH.—By Rev. George Kennedy, May 28th, S. C. Curran, M. D., of Murphysboro, Ill., and Miss Sarah Hollingsworth, of Franklin, Pa.

DARRAGH—STORM.—June 18th, at St. Peter's Church, Allegheny city, by the Very Reverend T. Mullin, V. G., Hart Darragh, of Sharon, Beaver county, and Miss Leonora, only daughter of Dr. T. D. Storm, of Ebensburg, Cambria county.

FAHNESTOCK—HAMBRIGHT.—June 14, at the residence of the bride's parents, by the Rev. Samuel Laird, Dr. Thomas C. Fahnestock, of Aurora, Ill., and Miss Mary C., daughter of A. F. Hambright, Esq., of Lancaster, Pa.

FISHBURN—BILLIOD.—At Cincinnati, Ohio, June 26th, at the residence of the bride's mother, Dr. Cyrus D. Fishburn and Miss Louisa Billiod. (Another sister was married at the same time to Mr. Valentine J. Schiff.)

KERRIGAN-DEVLIN.—In New York, June 21, by Rev. Archbishop McCloskey, assisted by Rev. William Starrs, V. G., Dr. Joseph A. Kerrigan and Maggie A., daughter of Daniel Devlin, Esq.

LITTLE-COWDREY.—In Manchester, N. H., June 11, by Rev. Mr. Wallace, Dr. Charles Little and Miss Helen E., only daughter of Harris Cowdrey, all of Acton.

MORTON-SEYMOUR.—In this city, June 28th, 1866, by the Rev. J. Reilly, of the Cathedral, Dr. Tower D. Morton, of Cleveland, Ohio, and Miss Nellie Seymour of this city.

PHELPS-THROOP.—June 20, in St. Luke's Church, Scranton, Pa., by the Rev. A. A. Marple, Mr. H. B. Phelps, Paymaster D. L. and W. Railroad, and Mary E., only daughter of Dr. B. H. Throop, all of Scranton.

THOMAS-BINFORD.—In Crawfordsville, Ind., May 24, 1866, at the residence of the bride's father, by the Rev. James Johnson, Dr. C. L. Thomas and Mattie, only daughter of Samuel Binford, Esq., all of Cincinnati.

VAN BUREN-GROESBECK.—In Chicago, Ill., June 21st, at the Cathedral church, by the Rev. S. B. Duffield, A. Van Buren, Esq., and Miss Harriet W., daughter of Dr. A. Groesbeck, all of that city.

WATSON-McCOY.—In Doylestown, Pa., June 23, by the Rev. B. McGann, Richard Watson, Esq., and Isabella T. McCoy, daughter of Dr. G. R. McCoy, all of Doylestown.

DIED.

BIGHAM.—At Candor, Pa., of a protracted illness, on the day of March last, Dr. John Agnew Bigham.

BLAISDELL.—In Keeseville, New York, May 3, 1866, Jacob Blaisdell, M. D., in the 71st year of his age.

HARRIS.—On the 18th inst., at Pottsville, Pa., Mary Campbell, youngest daughter of the late Dr. Stephen Harris, in the 23d year of her age.

HOYT.—In Athol, Mass., June 24, George Hoyt, M. D., aged 65.

LEITZEL.—May 18th, At Salona, Clinton co., Pa., Emily, wife of Dr. J. B. Leitzel, aged 35 years.

McCLATCHY.—In this city, on the 22d ult., Wellington, only son of Dr. Robert J. and Mary J. McClatchy, aged 2 years, 6 months, and 13 days.

SPENCE.—At Baltimore, June 23, Mrs. Cornelia Spence, wife of Dr. W. A. Spence, of Virginia, and daughter of the late Evan Green, of Columbia, Pa., in the 48th year of her age.

SMITH.—April 1, 1866, at Springfield, Northumberland county, Va., Henry Sothoran Key Smith, son of Dr. James and Nannie O. Smith, aged 1 year and 8 months.

WILLIAMS.—In Fryburg, Clarion county, Pa., June 7th, John B. Williams, M. D., in the 51st year of her age.

ANSWERS TO CORRESPONDENTS.

Dr. J. A., St. Clairsville, Ohio.—Atkin's Science and Practice of Medicine, English edition, 2 vols., Thomas's Pronouncing Medical Dictionary, and U. S. Dispensatory, sent by Express on the 30th ult.

Dr. M. W. H., West Earl, Pa.—A Pessary and Urinal, sent by Express to Lancaster, on the 27th ult.

Dr. R. G. E., Concord, Del.—Chambers's Lectures, and Parry's Pharmacy, sent by Express on the 30th ult.

Dr. H. H., Port Jervis, N. Y.—Bedford on Diseases of Women sent by express on the 30th ult.

Dr. R. H. L., Perrine, Pa.—Pessary sent by mail on the 26th ult.

Dr. I. H. C., Lock Haven, Pa.—Books sent by Express on the 20th ult.

Dr. O. E., Ironton, Ohio.—Braithwaite's Retrospect is published semi-annually, and will not be issued till the middle of July.

METEOROLOGY.

June,	18,	19,	20,	21,	22,	23,	24.
Wind.....	S. W.	S. W.	W.	S. W.	S.	S. W.	S.
Weather.....	Clear.	Cl'dy.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....	1-16						
Thermometer.							
Minimum.....	58°	53°	52°	57°	62°	65°	68°
At 9 A. M.....	75	66	68	72	76	77	81
At 12 M.....	75	68	76	81	82	82	86
At 3 P. M.....	76	66	78	82	84	86	88
Mean.....	71.	63.25	68.50	73.	73.50	77.50	80.75
Barometer.							
At 12 M.....	29.7	30.	30.2	30.2	30.1	30.	30.1
Germanstown, Pa.							
B. J. LEEDOM.							

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